

STATE OF CALIFORNIA  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

**Patient Discharge Data  
File Documentation  
January-December 1999**

**PUBLIC VERSION**

**COMMA DELIMITED TEXT FORMAT**

**CD-ROM**

**May 2003**

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# CALIFORNIA PATIENT DISCHARGE DATA

## January-December 1999

### INTRODUCTION

#### Public Patient-Level Dataset – Patient Discharge Data

The California Office of Statewide Health Planning and Development (OSHPD) provide a public dataset of the Patient Discharge Database available for purchase on compact disc (CD). The data are made available by OSHPD once it has been screened by the edit program and corrected by the individual hospitals. The public patient-level dataset includes patient zip code, demographic variables and clinical information

The public dataset is comprised of a record for each inpatient discharged from a licensed acute care hospital (that includes: General Acute Care Hospitals, Acute Psychiatric Hospitals, Chemical Dependency Recovery Hospitals, and Psychiatric Health Facilities). Note: the only exceptions are records not reported by some California State Hospitals; see the State Hospitals discussion on page four.

The patient discharge dataset is available for discharges in each calendar year. The data on CD-ROM are stored on one CD containing three zipped data files and a full set of documentation files. The discharge records are divided into three sets by the geography of the reporting hospitals. One file contains discharge records from hospitals in Los Angeles County, another file contains discharges from the seven other counties in Southern California and the third file contains discharges from hospitals in the remaining 50 Northern California Counties.

#### Masked variables

To protect patient confidentiality, those records with unique combinations of a select set of demographic variables will have one or more of those variables masked to ensure the files are de-identified. Each unique record will have the minimum number of fields masked to allow it to no longer be unique. The variable masking will occur in the order in the table below:

ORDER OF MASKING	DATA FIELDS SUBJECT TO MASKING
1 <sup>st</sup>	Age in years (at admission)
2 <sup>nd</sup>	Ethnicity
3 <sup>rd</sup>	Race
4 <sup>th</sup>	Sex
5 <sup>th</sup>	Age Category 20 (20 Age Categories)
6 <sup>th</sup>	Age Category 5 (5 Age Categories)
7 <sup>th</sup>	Small County Groups*
8 <sup>th</sup>	Admit Quarter
9 <sup>th</sup>	Patient Zip Code **
10 <sup>th</sup>	OSHPD ID
	<i>*Small counties with total populations of 30,000 or less are grouped into 3 categories: Central (CE), Northeastern (NE), and Northwestern (NW). Ten counties were grouped in 1999: Central: Alpine, Inyo, Mariposa, Mono; Northeastern: Modoc, Plumas, Sierra; Northwestern: Colusa, Glenn, and Trinity.</i>
	<i>**Five-digit zip will be masked to three-digits; if record is still unique, zip will be totally masked with an asterisk.</i>

General assistance is available by calling OSHPD's Healthcare Information Resource Center at (916) 322-2814.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**Public Discharge Dataset**

<b>Data Fields in 1999 Public Discharge Dataset</b>	<b>Percent Remaining Unmasked For Variables Subject to Masking</b>
Hospital Identification Number	100.0%
Type (level) of Care	
Age in Years	55.4%
Age (20 Categories)	86.8%
Age (5 Categories)	93.2%
Sex	82.1%
Ethnicity	71.1%
Race	74.9%
Zip Code (5 digits masked to 3 digits)	98.3%
ZIP Code (3 digits masked to 0 digits)	99.5%
County of Patient's Residence (or Small County Groups)	99.9%
Length of Stay	
Quarter admitted	96.6%
Year admitted	
Source of Admission	
Type of Admission	
Disposition of Patient	
Prehospital Care and Resuscitation (Do Not Resuscitate Order)	
Expected Principal Source of Payment - Payer Category	
Expected Principal Source of Payment - Type of Coverage	
Expected Principal Source of Payment – Plan Code Number	
Total Charges	
Principal External Cause of Injury (E-Code)	
Other External Cause of Injuries (up to 4 Other E-Codes)	
Major Diagnostic Category	
Diagnosis Related Group	
Principal Diagnosis	
Condition Present at Admission (for Principal Diagnosis)	
Principal Procedure	
Days from Admission to Principal Procedure	
Other Diagnoses (24 Other Diagnoses)	
Condition Present at Admission (for Other Diagnoses)	
Other Procedures (20 Other Procedures)	
Days From Admission to Other Procedures	

## CALIFORNIA PATIENT DISCHARGE DATA

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#### **IMPORTING NOTES:**

The fields listed below contain numeric codes, which are not numeric values; most PC software will treat these fields as numeric values unless formatted otherwise. Thus, when importing the data into your software, these fields should be formatted as text or alphanumeric to retain the leading and trailing zeros. Also, when a text variable is masked, the field value is an asterisk, which may cause errors if imported as numeric.

- OSHPD-Hospital Identification Number
- 5-Age Category and 20-Age Category Fields
- Sex
- Ethnicity
- Race
- Patient ZIP Code
- County of Patient's Residence
- Admission Quarter
- Expected Principal Source of Payment – Plan Code Number
- MDC
- DRG
- **All** diagnosis code fields (principal and other)
- **All** procedure code fields (principal and other)

It is especially important that all Diagnosis and Procedure code fields be formatted as “text.” These fields are comprised of ICD-9-CM codes, some of which begin with alpha characters that cannot be read if not formatted as text. Also, many ICD-9-CM codes have leading and/or trailing zeros. For example, the ICD-9-CM code for *Salmonella Gastroenteritis* is “003.0”. If it is not formatted as text, it will appear as “3”, which is the numeric value, but is not the valid diagnostic code for *Salmonella Gastroenteritis*.

It is not absolutely essential but is recommended, to maintain leading zeros in the other codes that contain leading zeros (Hospital Identification Number, Patient's County of Residence, MDC, DRG, and Payer Plan Code Number). When these fields are formatted as “text,” the number of digits in each respective field will then remain constant. For example, Alameda County will then appear as “01”, rather than “1”, and will contain two digits like the other 2-digit county codes (Fresno through Yuba, 10 through 58, respectively).

#### **COMMA DELIMITED DATA FORMAT**

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma delimited patient discharge data sets, a header row identifying each data element is provided in the position of the first record.

Each data element is separated by a comma and is defined and described in this documentation. In Appendix I, there is a table listing the Field Label (used in the header row), Field Name, Field Type (format), and Maximum Number of Characters.

Fields with no data will have consecutive delimiters (commas). Most PC software will have no difficulty with consecutive delimiters. However, some software packages may handle consecutive delimiters as a single delimiter and adjustments will need to be made.

Note: It is possible for some invalid values to remain in the database “as reported” by the hospital, due to a lack of database enforced integrity. This means that for some observations, you may find blank values, invalid alpha characters in numeric fields, out-of-range numeric values, etc.

# CALIFORNIA PATIENT DISCHARGE DATA

## January-December 1999

### **FACILITY EXCEPTIONS**

#### **State Hospitals:**

Through the first half of 1989, the database included twelve state hospitals. As of July 1989, the eleven operated by the Department of Mental Health or the Department of Developmental Services, serving mentally disordered and developmentally disabled patients, no longer report discharge data. The twelfth, the Veterans Home of California, Nelson M. Holderman Memorial Hospital, in Yountville has continued to report discharge data. Records from this hospital can be located using the Hospital Identification Number "281297."

#### **Psychiatric Health Facilities:**

Psychiatric Health Facilities, which provide care in licensed Acute Psychiatric beds, are subject to the same reporting requirements as other California hospitals. This type of hospital was first licensed in California in 1988. Patient discharge data for 1989 and for January through June 1990 included data from six Psychiatric Health Facilities; data for July through December 1990 include data from all but one of the 16 licensed Psychiatric Health Facilities. All of these facilities started reporting their patient discharge data beginning in 1991.

#### **Modifications and Non-Compliant Facilities:**

Some hospitals have applied for and been granted "modifications" to standard Patient Discharge Data reporting requirements. Other hospitals were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix D (Data Exceptions) for a listing of all non-compliant hospitals and those with approved modifications and their affected variables.

### **VARIABLE CHANGES**

#### **Hospital Identification Number:**

The first six characters of each record contain the "Hospital Identification Number". Beginning with data reported for 1995, this former nine-digit hospital identification number was restructured to six digits. The former first digit, that indicated the type of care reported, has been made a separate data element (Type of Care) and is described below. The former filler number "06" (2<sup>nd</sup> and 3<sup>rd</sup> digits) has been dropped. Thus, the hospital identification number now consists of the following six digits: the first two indicate the county and the last four are unique to a facility within each county.

#### **Type of Care:**

The second field on each record is a single digit field that describes the "Type of Care" ("Level of Care" in 1995 and 1996) from which the patient was discharged. The Type of Care codes and labels are:

- 1 = Acute Care
- 3 = Skilled Nursing and Intermediate Care (frequently known as Long Term Care)
- 4 = Psychiatric Care
- 5 = Chemical Dependency Recovery Care
- 6 = Physical Rehabilitation Care

*Note: there has never been a Type of Care or Level of Care code "2".*

## CALIFORNIA PATIENT DISCHARGE DATA

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Beginning with 1997 data, hospitals were required to report one of the **five** Types of Care, above, for each discharge.

For the 1995 and 1996 data years, hospitals were required to assign, to each discharge, one of **three** Levels of Care ("3" for Long Term Care, "6" for Rehabilitation Care and "1" for all other types of care).

Prior to 1995, discharges were optionally reported in sets, by one of the five Types of Care. Most hospitals chose to include all discharges, regardless of the type of care, in one set (usually acute care).

HISTORICAL SUMMARY OF FORMAT AND CONTENT CHANGES PATIENT DISCHARGE DATA COLLECTION PROGRAM	
DATA ITEM:	ACTION / EFFECTIVE DATE:
E-Code	Added - July 1990
Social Security Number	Added - July 1990
Record Linkage Number (Encrypted SSN)	Added - July 1990
Zip Code for Homeless (ZZZZZ)	Added - November 1993
Hospital Identification Number (from 9 to 6 digits)	Changed - January 1995
Level of Care ( <i>see Type of Care, below</i> )	Added - January 1995
Ethnicity/Race	Changed - January 1995
Source of Admission	Expanded - January 1995
Type of Admission	Changed - January 1995
Procedure Dates (for all reported procedures)	Added - January 1995
Patient Disposition	Expanded - January 1995
Expected Source of Payment:	Changed - January 1995
	Expanded - January 1999
Principal Diagnosis-Condition Present at Admission	Added - January 1996
Other Diagnoses-Condition Present at Admission	Added - January 1996
Type of Care ( <i>formerly Level of Care</i> )	Changed - January 1997
Prehospital Care & Resuscitation (Do Not Resuscitate Order)	Added - January 1999

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**HOSPITAL IDENTIFICATION NUMBER**

FIELD NAME : OSHPD\_ID

DEFINITION : A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the hospital is located. The last four digits are unique within each county.

**CODES, CATEGORIES AND COMMENTS:**

A - <u>99</u>	=	01-58 = County Codes (see Appendix A)
B - <u>9999</u>	=	0001-9999 = Unique Hospital Identifier (within county)

OSHPD Facility ID Number will be the 9th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**TYPE OF CARE**

FIELD NAME : TYP\_CARE

DEFINITION : Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Health Services.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>	<u>Licensed Bed Classification/Designation</u>
1 =	Acute Care	General Acute Care
3 =	Skilled Nursing/Intermediate Care	Skilled Nursing/Intermediate Care (a.k.a. Long Term Care)
4 =	Psychiatric Care	Acute Psychiatric Care
5 =	Chemical Dependency Recovery Care	Chemical Dependency Recovery Hospital/Service
6 =	Physical Rehabilitation Care	Rehabilitation Center, a bed designation within the General Acute Care classification.

All other values for Type of Care are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**AGE IN YEARS (at Admission)**

FIELD NAMES : AGE\_YRS

DEFINITION : Age of patient at time of admission.

**CODES, CATEGORIES AND COMMENTS:**

Age = Blank indicates age has been masked or is unknown (the year of birth is incomplete or unknown and an age of 0 has been assigned).

Newborns are identified with a code 7 in Source of Admission or infants (less than 24 hours old) are coded with a 3 in Type of Admission.

To reduce the need for masking to protect patient confidentiality; all patients older than 85 will be coded as "85" years of age. This can be considered "85 and older."

If necessary, Age in Years will be the first variable masked to de-identify unique patient records, by blanking-out reported age. This is the only numeric data element that will be masked; all other variables subject to masking are text variables and contain an asterisk when masked.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**AGE 20 CATEGORY**

FIELD NAME : AGECAT20

DEFINITION : Age range categories based on the patient's age at the time of admission.  
 Twenty age categories; mostly 5-year increments.

**CODES, CATEGORIES AND COMMENTS:**

The following age breakdown was provided in public version B for 1999 and 2000.

CATEGORY	AGE	DEFINITION
01	under 1 year	under 1 year
02	1-4 years	366 days through 4 years
03	5-9 years	5 years through 9 years
04	10-14 years	10 years through 14 years
05	15-19 years	15 years through 19 years
06	20-24 years	20 years through 24 years
07	25-29 years	25 years through 29 years
08	30-34 years	30 years through 34 years
09	35-39 years	35 years through 39 years
10	40-44 years	40 years through 44 years
11	45-49 years	45 years through 49 years
12	50-54 years	50 years through 54 years
13	55-59 years	55 years through 59 years
14	60-64 years	60 years through 64 years
15	65-69 years	65 years through 69 years
16	70-74 years	70 years through 74 years
17	75-79 years	75 years through 79 years
18	80-84 years	80 years through 84 years
19	85 years & over	85 years or greater
00	unknown (0)	Year of birth incomplete or unknown

Age Category (20) will be the 5th variable masked if necessary to de-identify unique patient records by replacing age category code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**AGE 5 CATEGORY**

FIELD NAME : AGECAT5

DEFINITION : Five age categories; Random year increments.

CODES, CATEGORIES AND COMMENTS:

CATEGORY	AGE	DEFINITION
01	Under 1 year	Under 1 year
02	1-17 years	1 year through 17 years
03	18-34 years	18 years through 34 years
04	35-64 years	35years through 64 years
05	65years & over	65 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

Age Category (5) will be the 6th variable masked if necessary to de-identify unique patient records by replacing age category code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**SEX**

FIELD NAME : SEX

DEFINITION : This is the gender of the patient.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>
1	Male
2	Female
3	Other
4	Unknown

All other values for Sex are not considered valid.

"Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's sex was not available from the medical record.

Sex (gender of the patient) will be the 4th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**ETHNICITY**

FIELD NAME : ETHNCTY

DEFINITION : This code indicates whether or not the patient's ethnicity is Hispanic.

**CODES, CATEGORIES AND COMMENTS:**

The single code digit indicates ethnicity and includes:

<u>Code</u>	<u>Category</u>
1	Hispanic
2	Non-Hispanic
3	Unknown

All other values for Ethnicity are not considered valid.

Both ethnicity and race are self-reported by the patient.

Ethnicity will be the 2nd variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**RACE**

FIELD NAME : RACE

DEFINITION : This code indicates the patient's racial background.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>
<b>1</b>	<b>White</b> – A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.
<b>2</b>	<b>Black</b> – A person having origins in or who identifies with any of the black racial groups of Africa.
<b>3</b>	<b>Native American/Eskimo/Aleut</b> – A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
<b>4</b>	<b>Asian/Pacific Islander</b> – A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.
<b>5</b>	<b>Other</b> – Any possible options not covered in the above categories.
<b>6</b>	<b>Unknown</b>

All other values for Race are not considered valid.

Both ethnicity and race are self-reported by the patient.

Race will be the 3rd variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**PATIENT ZIP CODE**  
**FIVE DIGIT / THREE DIGIT**

FIELD NAME : PATZIP

DEFINITION : The ZIP Code of the patient's residence (all five digits). This is a unique code assigned to a specific geographic area by the U.S. Postal Service for the patient's usual residence.

**CODES, CATEGORIES AND COMMENTS:**

- The five digits of the ZIP Code of the patient's residence.
- If the field is coded with XXXXX, the ZIP Code is unknown.
- If it is coded with YYYYY, the patient is from an area outside the United States.
- If it is coded with ZZZZZ, the patient has no residence (homeless).
- If the first three digits are the only digits reported, then it is a partial ZIP Code, which is not sufficient to assign the county of residence.
- If the city of residence is known, but not the street address, then a partial ZIP Code (the first three digits of the five-digit ZIP Code plus "00") may be reported. Example: Sacramento, CA 95800.

The reported ZIP Code will be the 8<sup>th</sup> variable masked if necessary to de-identify unique patient records to protect patient confidentiality. The Patient ZIP Code can be masked sequentially from 5-digits to 3-digits, then from 3-digits to just an asterisk, if required to de-identify the record.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**COUNTY OF PATIENT'S RESIDENCE**

FIELD NAME : PATCNTY

DEFINITION : The patient's zip code is used to assign a county of residence.

**CODES, CATEGORIES AND COMMENTS:**

Codes: 00-58, CE, NE and NW

01-58 indicates a county in California (see list in Appendix A); 00 indicates that the patient's zip code was unknown, outside California, outside the U.S., homeless, or partial (see below).

If the city of residence is known, but not the street address, then a **partial** zip code-1<sup>st</sup> three digits of the zip code plus "00"-may be reported. Example: Sacramento, CA, 95800.

To protect patient confidentiality, those counties with populations less than 30,000 are assigned to one of three groups of small counties to de-identify unique patient records. The groups and counties included are:

GROUP	COUNTIES
CE (Central)	Alpine, Inyo, Mariposa and Mono
NE (North East)	Modoc, Plumas and Sierra
NW (North West)	Colusa, Glenn and Trinity

Note – Using the reported ZIP Code, OSHPD assigns the patient's county of residence. ZIP Codes are designed for mail delivery, not to identify political boundaries. Therefore, some ZIP Codes cross county boundaries. For such ZIP Codes, OSHPD assigns the county with the greatest population in the respective ZIP Code.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**LENGTH OF STAY (Days)**

FIELD NAME : LOS

DEFINITION : Total number of days from admission date to discharge date of each patient.

**CODES, CATEGORIES AND COMMENTS:**

The days are calculated by subtracting the Admission Date from the Discharge Date. The length of stay for patients admitted on day one and discharged on day two is counted as one day.

Patients admitted and discharged on the same day yield a calculated length of stay of "0" days. This requires changing those (same-day admits and discharges) zeros to "ones" before performing average length of stay calculations to achieve more meaningful average length of stay calculations.

The number of days is right justified and zero filled (for fixed-length data format).

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**ADMISSION: QUARTER**

FIELD NAME : ADM\_QTR

DEFINITION : Quarter the patient was admitted to the hospital.

**CODES, CATEGORIES AND COMMENTS:**

		<u>Code</u>	<u>Quarter</u>
Quarter	: One-digit quarter	1	January-March
		2	April-June
		3	July-September
		4	October-December

Quarter admitted will be the 7th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**ADMISSION: YEAR**

FIELD NAMES : ADM\_YR

DEFINITION : Year the patient was admitted to the hospital.

**CODES, CATEGORIES AND COMMENTS:**

Four-digit Year - This is comprised of first two digits century and last two digits year.

# CALIFORNIA PATIENT DISCHARGE DATA

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## SOURCE OF ADMISSION

FIELD NAME : ADM\_SRC

DEFINITION : Effective with discharges on January 1, 1995, the source of admission describes three aspects of the source:

The first digit describes the site from which the patient originated.

The second digit describes the license of site from which the patient originated.

The third digit describes the route by which the patient was admitted.

### CODES, CATEGORIES AND COMMENTS:

#### Site:

<u>Code</u>	<u>Category</u>
1	Home
2	Residential Care Facility
3	Ambulatory Surgery
4	Skilled Nursing/Intermediate Care
5	Acute Inpatient Hospital Care
6	Other Inpatient Hospital Care
7	Newborn*
8	Prison/Jail
9	Other

All other values for "Site" are not considered valid.

*\*"Newborn" source of admission is defined as a "baby born alive in this hospital."*

#### Licensure of Site:

<u>Code</u>	<u>Category</u>
1	This Hospital
2	Another Hospital
3	Not a Hospital

All other values for "Licensure of Site" are not considered valid.

#### Route:

<u>Code</u>	<u>Category</u>
1	<u>Your</u> ER
2	Not <u>Your</u> ER (or no ER)

All other values for "Route" are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**TYPE OF ADMISSION**

FIELD NAME : ADM\_TYPE

DEFINITION : Effective with discharges on January 1, 1995, the patient's type of admission was reported using one of the categories listed below. The critical distinction is not how but when the admission was arranged.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>
1	Scheduled (Scheduled in advance, at least of 24 hours or more prior to admission)
2	Unscheduled (Not scheduled within 24 hours or more prior to admission)
3	Infant, less than 24 hrs old
4	Unknown (Does not include stillbirths)

All other values for Type of Admission are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**DISPOSITION OF PATIENT**

FIELD NAME : DISP

DEFINITION : The consequent arrangement or event ending a patient's stay in the reporting facility. Effective with discharges beginning January 1, 1995, the codes are as follows:

CODES, CATEGORIES AND COMMENTS:

**Disposition of Patient:**

<u>Code</u>	<u>Category</u>
01	Routine (Home)

**Within this Hospital:**

<u>Code</u>	<u>Category</u>
02	Acute Care
03	Other Care
04	Skilled Nursing/Intermediate Care

**To Another Hospital:**

<u>Code</u>	<u>Category</u>
05	Acute Care
06	Other Care (not Skilled Nursing/Intermediate Care)
07	Skilled Nursing/Intermediate Care
08	Residential Care Facility
09	Prison/Jail
10	Against Medical Advice
11	Died
12	Home Health Service
13	Other

All other values for Disposition are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**PREHOSPITAL CARE AND RESUSCITATION**

FIELD NAME : DNR

DEFINITION : This code indicates whether or not there was a "Do Not Resuscitate" order upon admission or within 24 hours of admission from a physician.

**CODES, CATEGORIES AND COMMENTS:**

A "Do Not Resuscitate" (DNR) order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

Code      Category

Y = Yes - a DNR order was written at the time of or within the first 24 hours of patient's admission to the hospital.

N = No - a DNR order was not written at the time of or within the first 24 hours of the patient's admission to the hospital.

All other values for Prehospital Care and Resuscitation are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**EXPECTED SOURCE OF PAYMENT**  
**PAYER CATEGORY**

FIELD NAME : PAY\_CAT

DEFINITION : This code indicates the category of payer (type of entity or organization) who is expected to pay or did pay the greatest share of the patient's bill.

CODES, CATEGORIES AND COMMENTS:

Expected Payer Categories			
Code	Category	Code	Category
01	Medicare	06	Other Government
02	Medi-Cal	07	Other Indigent
03	Private Coverage	08	Self Pay
04	Workers' Compensation	09	Other Payer
05	County Indigent Programs	00	Not reported or reported in error

All other values for Payer Category are not considered valid.

- **Medicare** – A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.
- **Medi-Cal** – A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.
- **Private Coverage** – Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners.
- **Workers' Compensation** – Payment from workers' compensation insurance, government or privately sponsored.
- **County Indigent Programs** - Patients covered under Welfare and Institutions Code Section 17000. includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or other Realignment Funds whether or not a bill is rendered.
- **Other Government** - Any form of payment from government agencies, whether local, state, federal or foreign, except those listed above. Includes funds received through California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.
- **Other Indigent** – Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy.
- **Self Pay** – Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.
- **Other Payer** – Any third party payment not included above. Included are cases where no payment will be required by the facility, such as special research or courtesy patients.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**EXPECTED SOURCE OF PAYMENT**

**PAYER TYPE OF COVERAGE**

FIELD NAME: : PAY\_TYPE

DEFINITION : This code indicates the type of coverage for the following: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government.

**CODES, CATEGORIES AND COMMENTS:**

<u>Codes</u>	<u>Category</u>
1	= Managed Care - Knox-Keene/MCOHS
2	= Managed Care – Other
3	= Traditional Coverage
0	= Payer Type field is not considered applicable for payer categories other than: Medicare, Medi-Cal, Private Coverage, Worker's Compensation, County Indigent or Other Government.

All other values of Payer Type are not considered valid.

**Managed Care - Knox/Keene-Medi-Cal County Organized Health System.** Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (MCOHS).

**Managed Care-Other.** - Healthcare plans, except those above, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

**Traditional Coverage.** - All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**EXPECTED SOURCE OF PAYMENT**

**PAYER PLAN CODE**

FIELD NAME: : PAY\_PLAN

DEFINITION : This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS).

**CODES, CATEGORIES AND COMMENTS:**

The Plan code number represents the name of the Knox-Knee licensed plan or the Medi-Cal County Organized Health System. See Appendix E for the plan code names and numbers.

If the Payer Plan Code field is not applicable, determined by Type of Coverage, the Plan Code is zero filled (i.e. assigned a value of "0000").

Only values for Payer Plan, listed in Appendix E, are considered valid.

If the plan **code numbers** are the **same** and the **plan names** are different, it means they belong to same "parent" plan.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**TOTAL CHARGES**

FIELD NAME : CHARGE

DEFINITION : Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates.

**CODES, CATEGORIES AND COMMENTS:**

Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayment (e.g. deposits and prepaid admissions) are not deducted from Total Charges.

**If a patient's length of stay is more than 1 year (365 days), Total Charges are reported for the last year (365 days) of stay only.** To calculate Adjusted Total Charges for stays over one year use the following formula:

$$(\text{Total Charges} / 365 \text{ days}) \times \text{Length of Stay} = \text{Adjusted Total Charges}$$

Total Charges are expressed in whole dollars. However, there is a specific meaning attached to the three values of "total charges," below:

**Where total charges equal 1** - the "1" is a code meaning that there were no (\$0) charges generated for the hospital stay (and was verified by the hospital). All Shriner's Hospital discharges are coded as "1" because they do not charge their patients. Note - The "1" allows the aggregation of all discharges with "valid total charges" by selecting those with total charges greater than zero.

**Where total charges equal 0** - the "0" is a code meaning that there was a charge, but that the amount of the charge could not be reported by the hospital. For example, all Kaiser Foundation Hospitals are exempted from reporting total charges because they do not charge specifically for an inpatient stay, rather, they receive a constant monthly (capitated) payment from each member, whether or not that member is hospitalized, or received outpatient care or no care at all.

**Where total Charges equal 9999999** -The total charge of "9999999" indicates the actual charges exceed the seven digit field size utilized by the hospital or designated agent.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**EXTERNAL CAUSE OF INJURY -- PRINCIPAL E-CODE**

FIELD NAME : ECODE\_P

DEFINITION : The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes), that are used to describe the external cause of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-Codes sufficient to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. The principal E-Code is reported only for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

To assure uniform reporting of E-Codes, when multiple codes are required to completely classify the cause, the first (principal) E-code will describe the mechanism that resulted in the most severe injury, poisoning, or adverse effect.

**CODES, CATEGORIES AND COMMENTS:**

The valid E-Codes are specified in Chapter 17 of the ICD-9-CM codebook. External cause of injury was not required for discharges before July 1, 1990.

**CODE STRUCTURE (examples):**

Content of Field: E9068 Would be read as: E906.8

Content of Field: E899 Would be read as: E899.

(Implied decimal is read after the first four positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**EXTERNAL CAUSE OF INJURY - OTHER E-CODES**

FIELD NAME : ECODE1, ECODE2, ECODE3, and ECODE4

DEFINITION : The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes), that are used to describe the external cause of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-codes sufficient to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. An E-Code is reported only for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

If the principal E-Code does not include a description of the place of occurrence of the most severe injury, or poisoning, an additional E-Code is reported to designate the place of occurrence, if available in the medical record. Place of occurrence is coded as E849.0 - E849.9. Up to three additional E-codes will be reported, if necessary to completely describe the mechanism(s) that contributed to, or the causal events surrounding, any injury or poisoning, or adverse effect first diagnosed and/or treated during the current inpatient hospitalization.

**CODES, CATEGORIES AND COMMENTS:**

The valid E-Codes specified in Chapter 17 of the ICD-9-CM codebook. External cause of injury was not required for discharges before July 1, 1990.

**CODE STRUCTURE (examples):**

Content of Field: E9068 Would be read as: E906.8

Content of Field: E899 Would be read as: E899.

(Implied decimal is read after the first four positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**MAJOR DIAGNOSTIC CATEGORY**  
**(MDC)**

FIELD NAME : MDC

DEFINITION : MDCs are mutually exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and in general are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software effective October 1, the start of the Federal fiscal year for the Medicare Prospective Payment System. The Office implements the same software effective with discharges from the beginning of the following calendar year. DRG Grouper Version 16.0, which was implemented by CMS on October 1, 1998, is the DRG Grouper applied to the Office's calendar year 1999 patient discharge data.

The MDC is based on the principal diagnosis. The MDC is given "00" for records where the principal diagnosis is not an existing ICD-9-CM code. Beginning with 1993 data, new codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent code recognized by the DRG Grouper Version for that calendar year and assigned to an MDC based on that DRG Grouper Version's logic.

**CODES, CATEGORIES AND COMMENTS:**

Codes: 00-25

MDC 00 is the label for records that could not be assigned to MDCs 1-25 by the DRG grouper (e.g. some records from DRG 470 (ungroupable)).

Appendix B displays the MDC descriptions.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**DIAGNOSIS RELATED GROUP**  
**(DRG)**

FIELD NAME : DRG

DEFINITION : DRGs are case-mix assignments grouping hospital patients to categories based on diagnostic, therapeutic and demographic characteristics for the purpose of reimbursement. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software every October 1, the start of Federal fiscal year for the Medicare Prospective Payment System. The Office implements the same software effective with discharges from the beginning of the following calendar year. Special note - New codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent code recognized by the DRG Grouper Version for that calendar year and assigned to a DRG based on that DRG Grouper Version's logic.

**CODES,CATEGORIES AND COMMENTS:**

Codes: 001-511

Appendix C displays the DRG descriptions.

The following indicates the DRG Grouper Version used during recent years:

Calendar Year 1995 = Version 12.0 HCFA DRG Grouper  
Calendar Year 1996 = Version 13.0 HCFA DRG Grouper  
Calendar Year 1997 = Version 14.0 HCFA DRG Grouper  
Calendar Year 1998 = Version 15.0 HCFA DRG Grouper  
Calendar Year 1999 = Version 16.0 HCFA DRG Grouper  
Calendar Year 2000 = Version 17.0 HCFA DRG Grouper  
Calendar Year 2001 = Version 18.0 HCFA DRG Grouper

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**PRINCIPAL DIAGNOSIS**

FIELD NAME : DIAG\_P

DEFINITION : The condition established, after study, to be the chief cause of the admission of the patient to the facility for care.

**CODES, CATEGORIES AND COMMENTS:**

The appropriate codes to be entered for this data element are specified in the International Classification of Diseases, 9th Revision, Clinical Modification, U.S. Department of Health and Human Services, Washington D.C. (ICD-9-CM).

Beginning with 1999, the psychiatric codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM), by American Psychiatric Association, Washington, D.C. are not accepted by OSHPD.

Note: Morphology codes are not accepted by OSHPD. SNODO codes are not accepted by OSHPD. Codes from the Supplementary Classification of External causes (E-Code) of Injury and Poisoning are not accepted in the Principal Diagnosis field. Italicized ICD-9-CM codes are not accepted in the Principal Diagnosis field.

**CODE STRUCTURE (examples):**

Content of Field: V5781 Would be read as: V57.81

Content of Field: 3441 Would be read as: 344.1

(Implied decimal is read after the first three character positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**CONDITION PRESENT AT ADMISSION**  
**(for the Principal Diagnosis)**

FIELD NAME : CPOA\_P

DEFINITION : The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for the Principal Diagnosis.

**CODES, CATEGORIES AND COMMENTS:**

The indicator for the principal diagnosis is defaulted to Yes (present at admission), unless reported otherwise.

<u>Code</u>		<u>Category</u>
Y	=	Yes
N	=	No
U	=	Uncertain

All other values of Condition Present At Admission are not considered valid.

Detailed parameters for reporting Condition Present At Admission are available in the California Patient Discharge Data Reporting Manual, Third Edition.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**PRINCIPAL PROCEDURE**

FIELD NAME : PROC\_P

DEFINITION : The principal procedure is one which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or which was necessary to take care of a complication.

The principal procedure is the procedure most related to the principal diagnosis.

If only non-therapeutic procedures were performed, then a significant non-therapeutic procedure should be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or affects DRG assignment.

**CODES, CATEGORIES AND COMMENTS:**

The appropriate codes to be entered are specified in the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C.

Note: HCPCS and CPT codes are not accepted by OSHPD.

**CODE STRUCTURE (examples):**

Content of Field: 022 Would be read as: 02.2  
Content of Field: 0293 Would be read as: 02.93  
(Implied decimal is read after the first two positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**DAYS FROM ADMISSION TO PRINCIPAL PROCEDURE**

FIELD NAME : PROC\_PDY

DEFINITION : The number of days between the patient's admission date and the date of the Principal Procedure.

**CODES, CATEGORIES AND COMMENTS:**

If the Principal Procedure was performed prior to admission, this numeric value will be prefixed with a minus (-) sign. The days are calculated by subtracting the date of admission from the date of the Principal Procedure. If the Principal Procedure was performed on the day of admission, the number of days will be 0. If no Principal Procedure or date is reported, the days are shown as -999. The maximum value is 9999, which means that the procedure was performed more than 9998 days after admission.

Beginning with 2001 discharges, if no procedure was performed, the days to procedure will be zero. For procedures performed on the same day as admission, the days will also be zero.

Some hospitals report procedures performed on their inpatients, on an outpatient basis by another facility, during the patient's stay at the reporting hospital. Therefore, not all procedures reported by a hospital were necessarily performed by and at that hospital.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**OTHER DIAGNOSES**

**(24 Other Diagnoses)**

FIELD NAME : ODIAG1 to ODIAG24

DEFINITION : Conditions that coexist at the time of admission, develop subsequently during the hospital stay, affect the treatment received, or affect the length of stay.

**CODES, CATEGORIES AND COMMENTS:**

Beginning with 1999, the psychiatric codes from Diagnostic and Statistical Manual of Mental Disorders (DSM), by American Psychiatric Association, Washington D.C., are not accepted by OSHPD.

The appropriate codes to be entered are specified in the International Classification of Diseases 9<sup>th</sup> Revision, Clinical Modification, U.S. Department of Health and Human Services, Washington, D.C. (ICD-9-CM).

Other Diagnoses do not include E-Codes. E-Codes are located in special E-Code fields.

Note: Morphology or SNODO codes are not accepted by OSHPD.

**CODE STRUCTURE (examples):**

Content of Field: V5781 Would be read as: V57.81

Content of Field: 3441 Would be read as: 344.1

(Implied decimal is read after the first three positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**CONDITION PRESENT AT ADMISSION**  
**(for the Other Diagnoses)**

FIELD NAME : CPOA1 to CPOA24

DEFINITION : The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for all Other Diagnoses.

CODES, CATEGORIES AND COMMENTS:

<u>Code</u>	<u>Category</u>
Y	= Yes
N	= No
U	= Uncertain

All other values of Condition Present At Admission are not considered valid.

Detailed parameters for reporting Condition Present At Admission are available in the California Patient Discharge Data Reporting Manual, Third Edition.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**OTHER PROCEDURES**  
**(Maximum 20)**

FIELD NAME : OPROC1 to OPROC20

DEFINITION : The procedure code is reported according to the ICD-9-CM. A procedure is considered significant when it is a surgical risk, procedural risk, anesthetic risk or is needed for DRG assignment.

**CODES, CATEGORIES AND COMMENTS:**

The appropriate codes to be entered are specified in the International Classification of Diseases 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C. All significant procedures that are surgical in nature or carry procedural risk, or carry an anesthetic risk, or affect DRG assignment, are reported.

Note: HCPCS and CPT codes are not accepted by OSHPD.

**CODE STRUCTURE (examples):**

Content of Field: 022 Would be read as: 02.2

Content of Field: 0293 Would be read as: 02.93

(Implied decimal is read after the first two positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 1999**

**DAYS FROM ADMISSION TO OTHER PROCEDURES**

FIELD NAME : PROCY1 to PROCY20

DEFINITION : The number of days between the patient's admission date and the date of the Other Procedure.

**CODES, CATEGORIES AND COMMENTS:**

If the procedure was performed prior to admission, this numeric value will be prefixed with a minus (-) sign. The days are calculated by subtracting the date of admission from the date of the Other Procedures. If an Other Procedure was performed on the day of admission, the number of days will be 0. If no Other Procedure is reported, the number of days is given as -999. The maximum value is 9999, which means that the procedure was performed more than 9998 days after admission.

Beginning with 2001 discharges, if no procedure was performed, the days to procedure will be zero. For procedures performed on the same day as admission, the days will also be zero.

Some hospitals report procedures which were performed on their inpatients, on an outpatient basis by another facility, during the patient's stay at the reporting hospital. Therefore, not all procedures reported by a hospital were necessarily performed by and at that hospital.

# CALIFORNIA PATIENT DISCHARGE DATA

## January-December 1999

### APPENDICES

A full set of appendix files in a portable document format (.pdf) is included for viewing and printing. In addition, a subset of appendices are duplicated in comma-delimited text format (.txt). These text files can be used with relational database software to link code numbers from the data with their respective labels (e.g., the Hospital ID Number, (OSHDPD\_ID), from the data set can be matched with the hospital name in Appendix F). See the tables below for descriptions of the appendices.

<b>APPENDICES PDF Files</b>		
The complete set of Appendices (PDF format) is located in the "Appendices_99_pdf" folder.		
<b>Appendices</b>	<b>File Name</b>	<b>PDF files must be viewed/read with Adobe Acrobat Reader</b>
A	App_A_counties.pdf	Listing of California counties (names and codes).
B	App_B_mdc.pdf	Listing of Major Diagnostic Categories (names and codes)
C	App_C_drg.pdf	Listing of Diagnosis Related Groups (names and codes)
D	App_D_exceptions.pdf	Data Exceptions (Approved Requests for Modifications and Non-Compliances)
E	App_E_plan_codes.pdf	Plan Codes for Expected Source of Payment
F	App_F_hospital_list.pdf	Listing of all hospitals in data set (Hospital ID#, Name, ZIP, HSA, HFPA and total discharges)
G	App_G_report_form.pdf	Manual Abstract Reporting Form (OSHDPD-1370)
H	App_H_consolidated_hospitals.pdf	Listing of all hospital locations on Consolidated Licenses
I	App_I_data_fields.pdf	Data Fields, comma delimited format, public set
J	App_J_masked_field_freqs.pdf	Frequencies, by Value, of Fields Subject to Masking

<b>APPENDICES TXT Files</b>		
A duplicate, sub-set of Appendices (comma delimited text) is located in the "Appendices_99_text" folder.		
<b>Appendices</b>	<b>File Name</b>	<b>The text files below can be used as database tables to link codes with labels</b>
A	App_A_counties.txt	Listing of California counties (names and codes)
B	App_B_mdc.txt	Listing of Major Diagnostic Categories (names and codes)
C	App_C_drg.txt	Listing of Diagnosis Related Groups (names and codes)
E	App_E_plan_codes.txt	Plan Codes for Expected Source of Payment
F	App_F_hospital_list.txt	Listing of all hospitals in data set (Hospital ID#, Name, ZIP, HSA, HFPA and total discharges)

## APPENDIX A

### COUNTIES OF CALIFORNIA NAMES AND CODE NUMBERS (Small County Codes in parentheses)

COUNTY		COUNTY		COUNTY	
#	<u>Name</u>	#	<u>Name</u>	#	<u>Name</u>
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine (CE)	21	Marin	41	San Mateo
03	Amador	22	Mariposa (CE)	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa (NW)	25	Modoc (NE)	45	Shasta
07	Contra Costa	26	Mono (CE)	46	Sierra (NE)
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn (NW)	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas (NE)	52	Tehama
14	Inyo (CE)	33	Riverside	53	Trinity (NW)
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

## APPENDIX B

Major Diagnostic Categories (MDCs) for 1999

DRG Grouper Version 16.0

MDC	Description
01	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
02	DISEASES & DISORDERS OF THE EYE
03	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
04	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
05	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
06	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
07	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
08	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
09	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST
10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS
11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT
12	DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM
13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM
14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM
15	NEWBORNS & OTHER NEONATES WITH CONDITIONS ORIGINATING IN THE PERINATAL PERIOD
16	DISEASES & DISORDERS OF BLOOD & BLOOD FORMING ORGANS & IMMUNOLOGICAL DISORDERS
17	MYELOPROLIFERATIVE DISEASES & DISORDERS & POORLY DIFFERENTIATED NEOPLASMS
18	INFECTIOUS & PARASITIC DISEASES (SYSTEMIC OR UNSPECIFIED SITES)
19	MENTAL DISEASES & DISORDERS
20	ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS
21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS
22	BURNS
23	FACTORS INFLUENCING HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES
24	MULTIPLE SIGNIFICANT TRAUMA
25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS
00	UNGROUPABLE

Source: DRGs: Diagnosis Related Groups Definitions Manual, Version 16.0, effective 10/1/98, Developed for the federal Health Care Financing Administration by 3M® Health Information Systems, New Haven CT 06511

## APPENDIX C

### DIAGNOSIS RELATED GROUPS (DRGs) for 1999 DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
001	01	P	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA
002	01	P	CRANIOTOMY FOR TRAUMA AGE >17
003	01	P	CRANIOTOMY AGE 0-17
004	01	P	SPINAL PROCEDURES
005	01	P	EXTRACRANIAL VASCULAR PROCEDURES
006	01	P	CARPAL TUNNEL RELEASE
007	01	P	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
008	01	P	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
009	01	M	SPINAL DISORDERS & INJURIES
010	01	M	NERVOUS SYSTEM NEOPLASMS W CC
011	01	M	NERVOUS SYSTEM NEOPLASMS W/O CC
012	01	M	DEGENERATIVE NERVOUS SYSTEM DISORDERS
013	01	M	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
014	01	M	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA
015	01	M	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS
016	01	M	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
017	01	M	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
018	01	M	CRANIAL & PERIPHERAL NERVE DISORDERS W CC
019	01	M	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC
020	01	M	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS
021	01	M	VIRAL MENINGITIS
022	01	M	HYPERTENSIVE ENCEPHALOPATHY
023	01	M	NONTRAUMATIC STUPOR & COMA
024	01	M	SEIZURE & HEADACHE AGE >17 W CC
025	01	M	SEIZURE & HEADACHE AGE >17 W/O CC
026	01	M	SEIZURE & HEADACHE AGE 0-17
027	01	M	TRAUMATIC STUPOR & COMA, COMA >1 HR
028	01	M	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
029	01	M	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
030	01	M	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
031	01	M	CONCUSSION AGE >17 W CC
032	01	M	CONCUSSION AGE >17 W/O CC
033	01	M	CONCUSSION AGE 0-17
034	01	M	OTHER DISORDERS OF NERVOUS SYSTEM W CC
035	01	M	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC
036	02	P	RETINAL PROCEDURES
037	02	P	ORBITAL PROCEDURES
038	02	P	PRIMARY IRIS PROCEDURES
039	02	P	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
040	02	P	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
041	02	P	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
042	02	P	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
043	02	M	HYPHEMA
044	02	M	ACUTE MAJOR EYE INFECTIONS
045	02	M	NEUROLOGICAL EYE DISORDERS
046	02	M	OTHER DISORDERS OF THE EYE AGE >17 W CC
047	02	M	OTHER DISORDERS OF THE EYE AGE >17 W/O CC
048	02	M	OTHER DISORDERS OF THE EYE AGE 0-17
049	03	P	MAJOR HEAD & NECK PROCEDURES
050	03	P	SIALOADENECTOMY
051	03	P	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
052	03	P	CLEFT LIP & PALATE REPAIR
053	03	P	SINUS & MASTOID PROCEDURES AGE >17
054	03	P	SINUS & MASTOID PROCEDURES AGE 0-17
055	03	P	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
056	03	P	RHINOPLASTY
057	03	P	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
058	03	P	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
059	03	P	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
060	03	P	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
061	03	P	MYRINGOTOMY W TUBE INSERTION AGE >17
062	03	P	MYRINGOTOMY W TUBE INSERTION AGE 0-17
063	03	P	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
064	03	M	EAR, NOSE, MOUTH & THROAT MALIGNANCY
065	03	M	DYSEQUILIBRIUM
066	03	M	EPISTAXIS
067	03	M	EPIGLOTTITIS
068	03	M	OTITIS MEDIA & URI AGE >17 W CC

## APPENDIX C

### DIAGNOSIS RELATED GROUPS (DRGs) for 1999 DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
069	03	M	OTITIS MEDIA & URI AGE >17 W/O CC
070	03	M	OTITIS MEDIA & URI AGE 0-17
071	03	M	LARYNGOTRACHEITIS
072	03	M	NASAL TRAUMA & DEFORMITY
073	03	M	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
074	03	M	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
075	04	P	MAJOR CHEST PROCEDURES
076	04	P	OTHER RESP SYSTEM O.R. PROCEDURES W CC
077	04	P	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
078	04	M	PULMONARY EMBOLISM
079	04	M	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
080	04	M	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC
081	04	M	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
082	04	M	RESPIRATORY NEOPLASMS
083	04	M	MAJOR CHEST TRAUMA W CC
084	04	M	MAJOR CHEST TRAUMA W/O CC
085	04	M	PLEURAL EFFUSION W CC
086	04	M	PLEURAL EFFUSION W/O CC
087	04	M	PULMONARY EDEMA & RESPIRATORY FAILURE
088	04	M	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
089	04	M	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC
090	04	M	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC
091	04	M	SIMPLE PNEUMONIA & PLEURISY AGE 0-17
092	04	M	INTERSTITIAL LUNG DISEASE W CC
093	04	M	INTERSTITIAL LUNG DISEASE W/O CC
094	04	M	PNEUMOTHORAX W CC
095	04	M	PNEUMOTHORAX W/O CC
096	04	M	BRONCHITIS & ASTHMA AGE >17 W CC
097	04	M	BRONCHITIS & ASTHMA AGE >17 W/O CC
098	04	M	BRONCHITIS & ASTHMA AGE 0-17
099	04	M	RESPIRATORY SIGNS & SYMPTOMS W CC
100	04	M	RESPIRATORY SIGNS & SYMPTOMS W/O CC
101	04	M	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC
102	04	M	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC
103	05	P	HEART TRANSPLANT
104	05	P	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH
105	05	P	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH
106	05	P	CORONARY BYPASS W PTCA
107	05	P	CORONARY BYPASS W CARDIAC CATH
108	05	P	OTHER CARDIOTHORACIC PROCEDURES
109	05	P	CORONARY BYPASS W/O CARDIAC CATH
110	05	P	MAJOR CARDIOVASCULAR PROCEDURES W CC
111	05	P	MAJOR CARDIOVASCULAR PROCEDURES W/O CC
112	05	P	PERCUTANEOUS CARDIOVASCULAR PROCEDURES
113	05	P	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
114	05	P	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
115	05	P	PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GNRTR PROC
116	05	P	OTH PERM CARD PACEMAK IMPL OR PTCA W CORONARY ARTERY STENT IMPLNT
117	05	P	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
118	05	P	CARDIAC PACEMAKER DEVICE REPLACEMENT
119	05	P	VEIN LIGATION & STRIPPING
120	05	P	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
121	05	M	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE
122	05	M	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE
123	05	M	CIRCULATORY DISORDERS W AMI, EXPIRED
124	05	M	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG
125	05	M	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG
126	05	M	ACUTE & SUBACUTE ENDOCARDITIS
127	05	M	HEART FAILURE & SHOCK
128	05	M	DEEP VEIN THROMBOPHLEBITIS
129	05	M	CARDIAC ARREST, UNEXPLAINED
130	05	M	PERIPHERAL VASCULAR DISORDERS W CC
131	05	M	PERIPHERAL VASCULAR DISORDERS W/O CC
132	05	M	ATHEROSCLEROSIS W CC
133	05	M	ATHEROSCLEROSIS W/O CC
134	05	M	HYPERTENSION
135	05	M	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC
136	05	M	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC

## APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 1999  
DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
137	05	M	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
138	05	M	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
139	05	M	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC
140	05	M	ANGINA PECTORIS
141	05	M	SYNCOPE & COLLAPSE W CC
142	05	M	SYNCOPE & COLLAPSE W/O CC
143	05	M	CHEST PAIN
144	05	M	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
145	05	M	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC
146	06	P	RECTAL RESECTION W CC
147	06	P	RECTAL RESECTION W/O CC
148	06	P	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
149	06	P	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
150	06	P	PERITONEAL ADHESIOLYSIS W CC
151	06	P	PERITONEAL ADHESIOLYSIS W/O CC
152	06	P	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
153	06	P	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
154	06	P	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
155	06	P	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
156	06	P	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157	06	P	ANAL & STOMAL PROCEDURES W CC
158	06	P	ANAL & STOMAL PROCEDURES W/O CC
159	06	P	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
160	06	P	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
161	06	P	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC
162	06	P	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC
163	06	P	HERNIA PROCEDURES AGE 0-17
164	06	P	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
165	06	P	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
166	06	P	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
167	06	P	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
168	03	P	MOUTH PROCEDURES W CC
169	03	P	MOUTH PROCEDURES W/O CC
170	06	P	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
171	06	P	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
172	06	M	DIGESTIVE MALIGNANCY W CC
173	06	M	DIGESTIVE MALIGNANCY W/O CC
174	06	M	G.I. HEMORRHAGE W CC
175	06	M	G.I. HEMORRHAGE W/O CC
176	06	M	COMPLICATED PEPTIC ULCER
177	06	M	UNCOMPLICATED PEPTIC ULCER W CC
178	06	M	UNCOMPLICATED PEPTIC ULCER W/O CC
179	06	M	INFLAMMATORY BOWEL DISEASE
180	06	M	G.I. OBSTRUCTION W CC
181	06	M	G.I. OBSTRUCTION W/O CC
182	06	M	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
183	06	M	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
184	06	M	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17
185	03	M	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17
186	03	M	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17
187	03	M	DENTAL EXTRACTIONS & RESTORATIONS
188	06	M	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
189	06	M	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC
190	06	M	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
191	07	P	PANCREAS, LIVER & SHUNT PROCEDURES W CC
192	07	P	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
193	07	P	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
194	07	P	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC
195	07	P	CHOLECYSTECTOMY W C.D.E. W CC
196	07	P	CHOLECYSTECTOMY W C.D.E. W/O CC
197	07	P	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
198	07	P	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
199	07	P	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200	07	P	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201	07	P	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES
202	07	M	CIRRHOSIS & ALCOHOLIC HEPATITIS
203	07	M	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS
204	07	M	DISORDERS OF PANCREAS EXCEPT MALIGNANCY

## APPENDIX C

### DIAGNOSIS RELATED GROUPS (DRGs) for 1999 DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
205	07	M	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC
206	07	M	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC
207	07	M	DISORDERS OF THE BILIARY TRACT W CC
208	07	M	DISORDERS OF THE BILIARY TRACT W/O CC
209	08	P	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY
210	08	P	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
211	08	P	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
212	08	P	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213	08	P	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
216	08	P	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217	08	P	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS
218	08	P	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC
219	08	P	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC
220	08	P	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
223	08	P	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
224	08	P	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
225	08	P	FOOT PROCEDURES
226	08	P	SOFT TISSUE PROCEDURES W CC
227	08	P	SOFT TISSUE PROCEDURES W/O CC
228	08	P	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC
229	08	P	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
230	08	P	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
231	08	P	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR
232	08	P	ARTHROSCOPY
233	08	P	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
234	08	P	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
235	08	M	FRACTURES OF FEMUR
236	08	M	FRACTURES OF HIP & PELVIS
237	08	M	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
238	08	M	OSTEOMYELITIS
239	08	M	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY
240	08	M	CONNECTIVE TISSUE DISORDERS W CC
241	08	M	CONNECTIVE TISSUE DISORDERS W/O CC
242	08	M	SEPTIC ARTHRITIS
243	08	M	MEDICAL BACK PROBLEMS
244	08	M	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC
245	08	M	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC
246	08	M	NON-SPECIFIC ARTHROPATHIES
247	08	M	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE
248	08	M	TENDONITIS, MYOSITIS & BURSITIS
249	08	M	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
250	08	M	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC
251	08	M	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC
252	08	M	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17
253	08	M	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W CC
254	08	M	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC
255	08	M	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0-17
256	08	M	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
257	09	P	TOTAL MASTECTOMY FOR MALIGNANCY W CC
258	09	P	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
259	09	P	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
260	09	P	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
261	09	P	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
262	09	P	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263	09	P	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
264	09	P	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
265	09	P	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC
266	09	P	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC
267	09	P	PERIANAL & PILONIDAL PROCEDURES
268	09	P	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269	09	P	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
270	09	P	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC
271	09	M	SKIN ULCERS
272	09	M	MAJOR SKIN DISORDERS W CC
273	09	M	MAJOR SKIN DISORDERS W/O CC
274	09	M	MALIGNANT BREAST DISORDERS W CC
275	09	M	MALIGNANT BREAST DISORDERS W/O CC
276	09	M	NON-MALIGANT BREAST DISORDERS

## APPENDIX C

### DIAGNOSIS RELATED GROUPS (DRGs) for 1999 DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
277	09	M	CELLULITIS AGE >17 W CC
278	09	M	CELLULITIS AGE >17 W/O CC
279	09	M	CELLULITIS AGE 0-17
280	09	M	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC
281	09	M	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC
282	09	M	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17
283	09	M	MINOR SKIN DISORDERS W CC
284	09	M	MINOR SKIN DISORDERS W/O CC
285	10	P	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS
286	10	P	ADRENAL & PITUITARY PROCEDURES
287	10	P	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS
288	10	P	O.R. PROCEDURES FOR OBESITY
289	10	P	PARATHYROID PROCEDURES
290	10	P	THYROID PROCEDURES
291	10	P	THYROGLOSSAL PROCEDURES
292	10	P	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
293	10	P	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
294	10	M	DIABETES AGE >35
295	10	M	DIABETES AGE 0-35
296	10	M	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC
297	10	M	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC
298	10	M	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17
299	10	M	INBORN ERRORS OF METABOLISM
300	10	M	ENDOCRINE DISORDERS W CC
301	10	M	ENDOCRINE DISORDERS W/O CC
302	11	P	KIDNEY TRANSPLANT
303	11	P	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304	11	P	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
305	11	P	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
306	11	P	PROSTATECTOMY W CC
307	11	P	PROSTATECTOMY W/O CC
308	11	P	MINOR BLADDER PROCEDURES W CC
309	11	P	MINOR BLADDER PROCEDURES W/O CC
310	11	P	TRANSURETHRAL PROCEDURES W CC
311	11	P	TRANSURETHRAL PROCEDURES W/O CC
312	11	P	URETHRAL PROCEDURES, AGE >17 W CC
313	11	P	URETHRAL PROCEDURES, AGE >17 W/O CC
314	11	P	URETHRAL PROCEDURES, AGE 0-17
315	11	P	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
316	11	M	RENAL FAILURE
317	11	M	ADMIT FOR RENAL DIALYSIS
318	11	M	KIDNEY & URINARY TRACT NEOPLASMS W CC
319	11	M	KIDNEY & URINARY TRACT NEOPLASMS W/O CC
320	11	M	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
321	11	M	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
322	11	M	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
323	11	M	URINARY STONES W CC, &/OR ESW LITHOTRIPSY
324	11	M	URINARY STONES W/O CC
325	11	M	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC
326	11	M	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC
327	11	M	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
328	11	M	URETHRAL STRICTURE AGE >17 W CC
329	11	M	URETHRAL STRICTURE AGE >17 W/O CC
330	11	M	URETHRAL STRICTURE AGE 0-17
331	11	M	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC
332	11	M	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC
333	11	M	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
334	12	P	MAJOR MALE PELVIC PROCEDURES W CC
335	12	P	MAJOR MALE PELVIC PROCEDURES W/O CC
336	12	P	TRANSURETHRAL PROSTATECTOMY W CC
337	12	P	TRANSURETHRAL PROSTATECTOMY W/O CC
338	12	P	TESTES PROCEDURES, FOR MALIGNANCY
339	12	P	TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340	12	P	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341	12	P	PENIS PROCEDURES
342	12	P	CIRCUMCISION AGE >17
343	12	P	CIRCUMCISION AGE 0-17
344	12	P	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY

## APPENDIX C

### DIAGNOSIS RELATED GROUPS (DRGs) for 1999 DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
345	12	P	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY
346	12	M	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC
347	12	M	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC
348	12	M	BENIGN PROSTATIC HYPERTROPHY W CC
349	12	M	BENIGN PROSTATIC HYPERTROPHY W/O CC
350	12	M	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
351	12	M	STERILIZATION, MALE
352	12	M	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
353	13	P	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354	13	P	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
355	13	P	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
356	13	P	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357	13	P	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
358	13	P	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
359	13	P	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
360	13	P	VAGINA, CERVIX & VULVA PROCEDURES
361	13	P	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362	13	P	ENDOSCOPIC TUBAL INTERRUPTION
363	13	P	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364	13	P	D&C, CONIZATION EXCEPT FOR MALIGNANCY
365	13	P	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
366	13	M	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
367	13	M	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC
368	13	M	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
369	13	M	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
370	14	P	CESAREAN SECTION W CC
371	14	P	CESAREAN SECTION W/O CC
372	14	M	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
373	14	M	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
374	14	P	VAGINAL DELIVERY W STERILIZATION &/OR D&C
375	14	P	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
376	14	M	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
377	14	P	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
378	14	M	ECTOPIC PREGNANCY
379	14	M	THREATENED ABORTION
380	14	M	ABORTION W/O D&C
381	14	P	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
382	14	M	FALSE LABOR
383	14	M	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
384	14	M	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
385	15	M	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
386	15	M	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
387	15	M	PREMATURITY W MAJOR PROBLEMS
388	15	M	PREMATURITY W/O MAJOR PROBLEMS
389	15	M	FULL TERM NEONATE W MAJOR PROBLEMS
390	15	M	NEONATE W OTHER SIGNIFICANT PROBLEMS
391	15	M	NORMAL NEWBORN
392	16	P	SPLENECTOMY AGE >17
393	16	P	SPLENECTOMY AGE 0-17
394	16	P	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
395	16	M	RED BLOOD CELL DISORDERS AGE >17
396	16	M	RED BLOOD CELL DISORDERS AGE 0-17
397	16	M	COAGULATION DISORDERS
398	16	M	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC
399	16	M	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC
400	17	P	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE
401	17	P	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
402	17	P	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
403	17	M	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
404	17	M	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC
405	17	M	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17
406	17	P	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC
407	17	P	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC
408	17	P	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC
409	17	M	RADIOTHERAPY
410	17	M	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
411	17	M	HISTORY OF MALIGNANCY W/O ENDOSCOPY
412	17	M	HISTORY OF MALIGNANCY W ENDOSCOPY

## APPENDIX C

### DIAGNOSIS RELATED GROUPS (DRGs) for 1999 DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
413	17	M	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
414	17	M	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC
415	18	P	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
416	18	M	SEPTICEMIA AGE >17
417	18	M	SEPTICEMIA AGE 0-17
418	18	M	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
419	18	M	FEVER OF UNKNOWN ORIGIN AGE >17 W CC
420	18	M	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC
421	18	M	VIRAL ILLNESS AGE >17
422	18	M	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
423	18	M	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
424	19	P	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
425	19	M	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION
426	19	M	DEPRESSIVE NEUROSES
427	19	M	NEUROSES EXCEPT DEPRESSIVE
428	19	M	DISORDERS OF PERSONALITY & IMPULSE CONTROL
429	19	M	ORGANIC DISTURBANCES & MENTAL RETARDATION
430	19	M	PSYCHOSES
431	19	M	CHILDHOOD MENTAL DISORDERS
432	19	M	OTHER MENTAL DISORDER DIAGNOSES
433	20	M	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
434	20	M	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC
435	20	M	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O CC
436	20	M	ALC/DRUG DEPENDENCE W REHABILITATION THERAPY
437	20	M	ALC/DRUG DEPENDENCE, COMBINED REHAB & DETOX THERAPY
439	21	P	SKIN GRAFTS FOR INJURIES
440	21	P	WOUND DEBRIDEMENTS FOR INJURIES
441	21	P	HAND PROCEDURES FOR INJURIES
442	21	P	OTHER O.R. PROCEDURES FOR INJURIES W CC
443	21	P	OTHER O.R. PROCEDURES FOR INJURIES W/O CC
444	21	M	TRAUMATIC INJURY AGE >17 W CC
445	21	M	TRAUMATIC INJURY AGE >17 W/O CC
446	21	M	TRAUMATIC INJURY AGE 0-17
447	21	M	ALLERGIC REACTIONS AGE >17
448	21	M	ALLERGIC REACTIONS AGE 0-17
449	21	M	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
450	21	M	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC
451	21	M	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17
452	21	M	COMPLICATIONS OF TREATMENT W CC
453	21	M	COMPLICATIONS OF TREATMENT W/O CC
454	21	M	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC
455	21	M	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC
461	23	P	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES
462	23	M	REHABILITATION
463	23	M	SIGNS & SYMPTOMS W CC
464	23	M	SIGNS & SYMPTOMS W/O CC
465	23	M	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
466	23	M	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
467	23	M	OTHER FACTORS INFLUENCING HEALTH STATUS
468		P	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
469		M	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
470			UNGROUPABLE
471	08	P	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
473	17	M	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17
475	04	M	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT
476		P	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
477		P	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
478	05	P	OTHER VASCULAR PROCEDURES W CC
479	05	P	OTHER VASCULAR PROCEDURES W/O CC
480		P	LIVER TRANSPLANT
481		P	BONE MARROW TRANSPLANT
482		P	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
483		P	TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES
484	24	P	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485	24	P	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUM
486	24	P	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
487	24	M	OTHER MULTIPLE SIGNIFICANT TRAUMA
488	25	P	HIV W EXTENSIVE O.R. PROCEDURE

## APPENDIX C

### DIAGNOSIS RELATED GROUPS (DRGs) for 1999 DRG Grouper Version 16.0

DRG	MDC	Med/ Surg	Description
489	25	M	HIV W MAJOR RELATED CONDITION
490	25	M	HIV W OR W/O OTHER RELATED CONDITION
491	08	P	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
492	17	M	CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
493	07	P	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
494	07	P	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
495		P	LUNG TRANSPLANT
496	08	P	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
497	08	P	SPINAL FUSION W CC
498	08	P	SPINAL FUSION W/O CC
499	08	P	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
500	08	P	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC
501	08	P	KNEE PROCEDURES W PDX OF INFECTION W CC
502	08	P	KNEE PROCEDURES W PDX OF INFECTION W/O CC
503	08	P	KNEE PROCEDURES W/O PDX OF INFECTION
504	22	P	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT
505	22	M	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT
506	22	P	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA
507	22	P	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA
508	22	M	FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA
509	22	M	FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA
510	22	M	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA
511	22	M	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA

**DRGs** First, the major diagnostic category (MDC) is assigned based on the principal diagnosis. Then, the record is assigned to one of the diagnosis related groups (DRG) within that MDC.

**Pre MDC DRGs** For the five DRGs listed below, the DRG is assigned first, based on any procedure for liver transplant, bone marrow transplant, tracheostomy, or lung transplant, then it is assigned an MDC based on principal diagnosis:

- 480 - Liver Transplant
- 481 - Bone Marrow Transplant
- 482 - Tracheostomy for Face, Mouth & Neck Diagnoses
- 483 - Tracheostomy Except for Face, Mouth & Neck Diagnoses
- 495 - Lung Transplant

**Unrelated DRGs** The current version of the Grouper has four DRGs (468, 470, 476, and 477) whose patients may be assigned to a variety of MDCs, based on the principal diagnosis. Patients are assigned to DRGs 468, 476 or 477 when all procedures performed are unrelated to the principal diagnosis. Some patients in DRG 470 are not assigned by the Grouper to any MDC; their MDC is shown as 00 (Ungroupable). Records fall in DRG 470 because the information on the record is considered inconsistent or invalid by the Grouper's algorithm.

**CC** **Complications or Comorbidities.** A **comorbidity** is a pre-existing condition which, because of its presence with a specific principal diagnosis, affects the treatment received, and/or length of stay by at least one day in 75% of the cases, and therefore affects the DRG assignment. A **complication** is a condition that develops following treatment and may affect the treatment received and/or may affect the length of stay by at least one day in at least 75% of the cases, and therefore affects the DRG assignment.

The Health Care Financing Administration (HCFA) developed five principles for complication and comorbidity:

- 1 - Chronic and acute manifestations of the same condition should not be considered CCs for one another.
- 2 - Specific and nonspecific diagnosis codes for a condition should not be considered CCs for one another.
- 3 - Conditions that may not coexist, such as partial/total, unilateral/bilateral, obstructed/unobstructed, and benign/malignant should not be considered CCs for one another.
- 4 - The same condition in anatomically proximal sites, such as congenital/acquired, should not be considered CCs for one another.
- 5 - Closely related conditions, such as symptoms to the related condition (e.g., dysuria and urinary tract infection), should not be considered CCs for one another.

**Med/Surg codes:** P = Procedural (surgical)  
M = Medical

**Source:** DRGs: Diagnostic Related Groups Definitions Manual, Version 16.0, effective 10/1/98, Developed for the federal Health Care Financing Administration by 3M® Health Information Systems, New Haven CT 06511

**APPENDIX D**  
**Data Exceptions**  
**January-December 1999**

HOSPITAL	ID#	TIME PERIOD	DATA ELEMENT	COMMENTS
ALHAMBRA HOSPITAL MEDICAL CENTER	190017	01/01/1999 through 12/31/1999	Expected Source of Payment	Invalid payer categories and plan numbers reported.
ALTA HOSPITAL DISTRICT	540680	01/01/1999 through 06/30/1999	Expected Source of Payment	Invalid payer categories and plan numbers reported.
ANAHEIM GENERAL HOSPITAL	301097	01/01/1999 through 06/30/1999	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
BAKERSFIELD HEART HOSPITAL	154101	07/01/1999 through 06/30/2000	Sex / Zip Code	Sex - other & unknown not consistent with OSHPD requirements. Zip Codes - Foreign and homeless not consistent with OSHPD requirements.
BAY HARBOR HOSPITAL	190057	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
BAYVIEW HOSPITAL AND MENTAL HEALTH SYSTEM	370775	07/01/1998 through 12/31/1999	Principal Procedures & Other Procedures	Principal and other procedures not reported.
CANYON RIDGE HOSPITAL	364050	01/01/1999 through 12/31/1999	Principal Procedures & Other Procedures	Principal and other procedures not reported.
CENTINELA HOSPITAL MEDICAL CENTER	190148	01/01/1999 through 12/31/1999	Prehospital Care and Resuscitation / Expected Source of Payment	Prehospital care and resuscitation (DNR order) not reported. Payer category "self pay" increased 31%, private coverage decreased 44% from prior report.
CENTRAL VALLEY GENERAL HOSPITAL	160787	01/01/1999 through 12/31/1999	Total Charges / Prehospital Care and Resuscitation	Total charges not reported on 44% of newborn records. Prehospital care and resuscitation not reported until 10/1/1999.
CHARTER BHS - SAN JOSE	434032	01/01/1999 through 11/12/1999	Other Diagnoses Condition @ Admission	Other diagnoses conditions at admission not reported on 73% of other diagnoses.
CHARTER BHS OF SO. CA./PALM SPRINGS HOSPITAL	334017	07/01/1998 through 06/30/1999	Source of Admission / E-Codes	Source of admission reported inaccurately as 100% "Home - not your ER". E-Codes not reported.
COAST PLAZA DOCTORS HOSPITAL	190766	01/01/1999 through 12/31/1999	Expected Source of Payment	Payer category and type of coverage not reported consistent with OSHPD requirements.
COMMUNITY & MISSION HOSPITALS OF HUNTINGTON PARK	190197	01/01/1999 through 12/31/1999	Expected Source of Payment	County indigent, other indigent, and other payer not reported.
COMMUNITY HOSPITAL OF GARDENIA	190196	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
CORCORAN DISTRICT HOSPITAL	160702	01/01/1999 through 12/31/1999	Condition Present @ Admission	Condition present at admission reported 100% as "yes".
DAMERON HOSPITAL	390846	07/01/1999 through 12/31/2000	Race	Race and ethnicity unknown not consistent with OSHPD requirements.
DEL AMO HOSPITAL	190232	01/01/1999 through 12/31/1999	Expected Source of Payment / Prehospital Care and Resuscitation	Expected source of payment not reported consistent with OSHPD requirements. Prehospital care and resuscitation (DNR order) not reported.
DELANO REGIONAL MEDICAL CENTER	150706	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
DOCTOR'S MEDICAL CENTER-SAN PABLO	070904	01/01/1999 through 12/31/1999	Principal & Other E-Codes / Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements. E-Codes not reported consistent with OSHPD requirements.

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HOSPITAL	ID#	TIME PERIOD	DATA ELEMENT	COMMENTS
EDEN MEDICAL CENTER	010805	01/01/1999 through 12/31/1999	Name of Plan / Expected Source of Payment	Hospital has defaulted 53% of records to Name of Plan - Other.
EDGEMONT HOSPITAL	190260	07/01/1999 through 06/10/2000	Principal Diagnosis / Other Diagnosis / Condition Present at Admission	Facility closed. Information in question.
EL DORADO COUNTY MENTAL HEALTH - PHF	094002	01/01/1999 through 12/31/1999	E-Codes and Other Diagnoses	E-Codes and medical conditions not reported.
FAIRCHILD MEDICAL CENTER	474007	07/01/1999 through 06/30/2000	Condition Present @ Admission / Other Diagnoses/Race	Condition present at admission reported 100% as "yes". Race with Hispanic ethnicity not reported consistent with OSHDP requirements.
FRENCH HOSPITAL - SAN LUIS OBISPO	400480	07/01/1999 through 12/31/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHDP requirements.
GARFIELD MEDICAL CENTER	190315	07/01/1998 through 06/30/2000	Race / Expected Source of Payment	Race not reported consistent with OSHDP requirements. Expected source of payment not reported consistent with OSHDP requirements.
GLENDALE MEMORIAL HOSPITAL & HEALTHCARE	190522	07/01/1999 through 12/31/2000	Race	Ethnicity "unknown" not reported consistent with OSHDP requirements.
HANFORD COMMUNITY HOSPITAL	160725	07/01/1999 through 06/30/2000	Condition Present @ Admission	All condition present at admission defaulted by hospital to "yes".
HAZEL HAWKINS MEMORIAL HOSPITAL	380784	01/01/1999 through 12/31/1999	Payment	Type of coverage and plan code not reported.
HERITAGE HOSPITAL	364188	07/01/1999 through 10/04/2000	Discharges / Expected source of Payment / Patient Disposition	Facility closed. Information in question. Missing July 1999 discharges.
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	301205	01/01/1999 through 06/30/1999	Source of Admission / Race / Patient Disposition / Admission Type	Transfers between types of care not reported consistent with OSHDP requirements. Race with Hispanic ethnicity not reported consistent with OSHDP requirements. Type of admission reported blank in 26.6% of the records.
HOLLYWOOD COMMUNITY - HOLLYWOOD	190380	01/01/1999 through 06/30/2000	Source of Admission	Ambulatory surgery - this hospital was not reported.
INLAND VALLEY REGIONAL MEDICAL CENTER	344001	01/01/1999 through 12/31/1999	Prehospital Care and Resuscitation	Prehospital care and resuscitation (DNR order) not reported.
IRVINE REGIONAL MEDICAL CENTER	304045	01/01/1999 through 12/31/1999	Expected Source of Payment / Race	Expected source of payment not reported consistent with OSHDP requirements. Race not reported consistent with OSHDP requirements.
KAISER - ANAHEIM	301132	07/01/1999 through 12/31/1999	Race	Race not reported consistent with OSHDP requirements.
KAISER - BALDWIN PARK	196035	01/01/1999 through 12/31/1999	Race	Race reported as unknown in 8.1% of the records.
KAISER - BELLFLOWER	190430	01/01/1999 through 12/31/1999	Race	Race reported as unknown in 21.1% of the records. Ethnicity reported as unknown in 9.0% of the records.
KAISER - CHEMICAL DEPENDENCY	364110	01/01/1999 through 12/31/1999	Race	Race reported as unknown in 10.1% of the records.
KAISER - FONTANA	361223	01/01/1999 through 12/31/1999	Race	Race reported as unknown in 9.2% of the records.
KAISER - PANORAMA CITY	190432	01/01/1999 through 12/31/1999	Race	Race reported as unknown in 7.1% of the records.
KAISER FOUNDATION NORTHERN CALIFORNIA		01/01/1999 through 12/31/1999	Total Charges	Total charges not reported.

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HOSPITAL	ID#	TIME PERIOD	DATA ELEMENT	COMMENTS
KAISER FOUNDATION SOUTHERN CALIFORNIA		01/01/1999 through 12/31/1999	Total Charges	Total charges not reported.
KAWEAH DELTA DISTRICT HOSPITAL	540734	07/01/1998 through 06/30/2000	Race / Expected Source of Payment	Race with Hispanic ethnicity not reported consistent with OSHPD requirements. Type of coverage for Medicare and MediCal not reported consistent with OSHPD requirements.
LAC/USC MEDICAL CENTER	191228	01/01/1999 through 12/31/1999	Patient Disposition / Source of Admission / Expected Source of Payment	Transfers between types of care not reported consistent with OSHPD requirements. Expected source of payment not reported consistent with OSHPD requirements.
LANCASTER COMMUNITY HOSPITAL	190455	01/01/1999 through 12/31/1999	Expected Source of Payment / Condition Present @ Admission (Principal Diagnosis and Other Diagnoses) / Race	Expected source of payment not reported consistent with OSHPD requirements. Condition present at admission reported 100% as "yes". Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
LASSEN COMMUNITY HOSPITAL	180919	01/01/1999 through 12/31/1999	Race / Expected Source of Payment	Race not reported consistent with OSHPD requirements. Expected source of payment not reported.
LAUREL GROVE HOSPITAL	010869	01/01/1999 through 12/31/1999	Expected Source of Payment	Hospital has defaulted 75% of records to Name of Plan - Other.
LITTLE COMPANY OF MARY HOSPITAL	190470	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
MAMMOTH HOSPITAL	260011	07/01/1999 through 06/30/2000	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
MARIAN MEDICAL CENTER	420493	07/01/1999 through 12/31/1999	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
MENIFEE VALLEY MEDICAL CENTER	334018	07/01/1998 through 12/31/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
MERCY GENERAL HOSPITAL	340947	01/01/1999 through 06/30/2000	Race	Race not reported consistent with OSHPD requirements.
MERCY HOSPITAL OF BAKERSFIELD	150761	07/01/1998 through 06/30/1999	Total Charges	Newborn's charges are being reported on mother's records.
MISSION COMMUNITY HOSPITAL - PANORAMA	190524	07/01/1999 through 12/31/1999	Race / Source of Admission / Expected Source of Payment	Race, source of admission, and expected source of payment not reported consistent with OSHPD requirements.
MISSION COMMUNITY HOSPITAL - SAN FERNANDO	190676	07/01/1999 through 12/31/1999	Race / Expected Source of Payment	Race and expected source of payment not reported consistent with OSHPD requirements.
MISSION HOSPITAL	190538	01/01/1999 through 12/31/1999	Expected Source of Payment	County indigent, other indigent, and other payer not reported.
MISSION HOSPITAL REGIONAL MEDICAL CENTER	301262	07/01/1999 through 12/31/1999	Expected Source of Payment	Payer category - Medicare and private coverage not reported consistent with OSHPD requirements.
MONROVIA COMMUNITY HOSPITAL	190541	01/01/1998 through 06/30/1999	Race	Race not reported consistent with OSHPD requirements.

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**Data Exceptions**  
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HOSPITAL	ID#	TIME PERIOD	DATA ELEMENT	COMMENTS
MORENO VALLEY COMMUNITY HOSPITAL	334048	01/01/1999 through 12/31/1999	Race / Type of Admission / Prehospital Care and Resuscitation / Source of Admission	Race with Hispanic ethnicity not reported consistent with OSHPD requirements. 37% of records reported with unknown TOA. Prehospital care and resuscitation not reported on 37% of records. 37% of records reported with blank source of admission.
MT. DIABLO MEDICAL CENTER	071018	01/01/1999 through 12/31/1999	Expected Source of Payment / Prehospital Care and Resuscitation	Expected source of payment and prehospital care and resuscitation not reported.
NORTH COAST REHAB. CENTER-SOTOYOME	490907	07/01/1998 through 12/31/1999	Source of Payment / E-Codes	Source of admission not reported consistent with OSHPD requirements. E-Codes not reported consistent with OSHPD requirements.
OAK VALLEY DISTRICT HOSPITAL	500967	07/01/1999 through 06/30/2000	Total Charges	High percentage of blank charges. Hospital can not correct.
PINE GROVE HOSPITAL	190605	01/01/1999 through 12/31/1999	Expected Source of Payment / Prehospital Care and Resuscitation	Prehospital care and resuscitation (DNR order) not reported. Expected source of payment not reported.
POMONA VALLEY HOSPITAL MEDICAL CENTER	190630	07/01/1999 through 12/31/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
QUEEN OF ANGELS - HOLLYWOOD PRESBYTERIAN	190382	01/01/1999 through 06/30/1999	Expected Source of Payment / Principal & Other E-Codes	Expected source of payment not reported consistent with OSHPD requirements. E-Codes not reported consistent with OSHPD requirements.
QUEEN OF THE VALLEY - NAPA	281047	01/01/1999 through 12/31/1999	Expected Source of Payment	Other payer in expected source of payment not reported.
RECOVERY INN OF MENLO PARK	414018	01/01/1999 through 12/31/1999	Expected Source of Payment	Type of coverage and plan code number of expected source of payment not reported.
RIDGECREST REGIONAL HOSPITAL	150782	07/01/1998 through 12/31/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
RIVERSIDE COUNTY REGIONAL MED. CENTER-MHF	331314	07/01/1998 through 06/30/1999	Race	Race not reported consistent with OSHPD requirements.
SAN BERNARDINO COUNTY MEDICAL CENTER	361321	01/01/1999 through 12/31/1999	Principal Diagnosis	Used DSM IV codes for psychiatric diagnoses.
SAN FRANCISCO GENERAL HOSPITAL AND MED CTR	380939	07/01/1999 through 06/30/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
SAN JOAQUIN GENERAL HOSPITAL	391010	01/01/1999 through 12/31/1999	Total Charges	Newborn charges included on mother's records and zero reported on newborn's records.
SAN PEDRO PENINSULA HOSPITAL	190680	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
SANTA ROSA MEMORIAL	491064	07/01/1998 through 12/31/1999	Source of Payment	Other government and other non-government categories of expected source of payment not reported consistent with OSHPD requirements.
SCRIPPS MEMORIAL - LA JOLLA	370771	07/01/1999 through 12/31/1999	Race	Race reported as unknown in 16.1% of the records. Ethnicity reported as unknown in 8.6% of the records.
SHARP CABRILLO HOSPITAL	370693	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
SHARP CORONADO HOSPITAL AND HEALTH CARE	370689	07/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.

**APPENDIX D**  
**Data Exceptions**  
**January-December 1999**

HOSPITAL	ID#	TIME PERIOD	DATA ELEMENT	COMMENTS
SHARP MARY BIRCH HOSPITAL FOR WOMEN	370695	01/01/1998 through 12/31/1999	Race / Expected Source of Payment	Race with Hispanic ethnicity not reported consistent with OSHPD requirements. Type of coverage and plan code number of expected source of payment for MediCal and private coverage not reported.
SHARP MEMORIAL HOSPITAL	370694	01/01/1999 through 12/31/1999	Expected Source of Payment	Type of coverage and plan code number of expected source of payment for Medicare, MediCal, private coverage, and workers compensation not reported.
SIERRA KINGS DISTRICT HOSPITAL	100797	01/01/1999 through 12/31/1999	Condition Present @ Admission (Other Diagnoses)	Condition present at admission not reported consistent with OSHPD requirements.
ST. DOMINICS HOSPITAL	394009	01/01/1999 through 6/30/2000	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
ST. FRANCIS MEDICAL CENTER	190754	01/01/1999 through 06/30/2000	Expected Source of Payment	Expected source of payment, type of coverage and plan code numbers not reported with OSHPD requirements.
ST. JOHN'S PLEASANT VALLEY HOSPITAL	560508	01/01/1999 through 12/31/1999	Expected Source of Payment	Type of coverage of expected source of payment not reported consistent with OSHPD requirements. Payer other government not reported consistent with OSHPD requirements.
ST. JOHN'S REGIONAL MEDICAL CENTER	560529	01/01/1999 through 12/31/1999	Expected Source of Payment	Expected source of payment Medicare with managed care - Knox Keene/MCOHS included in private coverage. Expected source of payment type of coverage not reported consistent with OSHPD requirements.
ST. JOSEPH BEHAVIORAL HEALTH CENTER	392232	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	391042	01/01/1999 through 06/30/2000	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
ST. JUDE MEDICAL CENTER	301342	01/01/1999 through 06/30/1999	Prehospital Care and Resuscitation	Prehospital care and resuscitation (DNR order) not reported.
ST. VINCENT MEDICAL CENTER	190762	01/01/1999 through 12/31/1999	Source of Admission / Type of Care / Total Charges / Type of Admission / Prehospital Care and Resuscitation / Expected Source of Payment	Source of admission, type of care, total charges, expected source of payment, and prehospital care and resuscitation (DNR) not reported consistent with OSHPD requirements.
SUBURBAN MEDICAL CENTER	190599	01/01/1999 through 03/31/1999	Patient Disposition / Zip Code / Expected Source of Payment	Patient disposition - residential care facility, prison/jail, other; Zip Code-homeless, unknown; Expected source of payment - other government, other payer not reported consistent with OSHPD requirements.
SUTTER GENERAL HOSPITAL	341051	07/01/1999 through 12/31/1999	Race	Race not reported consistent with OSHPD requirements.
SUTTER MATERNITY AND SURGERY CENTER	444012	07/01/1998 through 06/30/1999	Total Charges	Newborn charges being reported on mother's record.
SUTTER MEMORIAL HOSPITAL	341052	07/01/1999 through 12/31/1999	Race / Zip Code	Race not reported consistent with OSHPD requirements. Hospital using hospital address for homeless patients.

**APPENDIX D**  
**Data Exceptions**  
**January-December 1999**

HOSPITAL	ID#	TIME PERIOD	DATA ELEMENT	COMMENTS
SUTTER/YUBA PHF	514001	01/01/1999 through 12/31/1999	Principal & Other E-Codes	No principal or other E-codes reported.
TAHOE FOREST HOSPITAL	291053	01/01/1998 through 06/30/1999	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
UCSF MEDICAL CENTER	380895	01/01/1999 through 06/30/1999	Expected Source of Payment	County indigent, self pay, and other payer of ESOP not reported.
UCSF MT. ZION	381154	01/01/1999 through 06/30/1999	Expected Source of Payment	County indigent, self pay, and other payer of ESOP. Jan 1, 1999 through June 30, 1999 only, not reported.
VALLEY COMMUNITY HOSPITAL	420535	07/01/1998 through 06/30/1999	Condition Present @ Admission	Type of care not reported consistent with OSHPD requirements.
VALLEY MEMORIAL HOSPITAL	010983	01/01/1999 through 06/30/2000	Expected Source of Payment / Other E-Codes	Expected source of payment not reported consistent with OSHPD requirements. Missing E-codes due to system and third party vendor problems.
VALLEY PLAZA DOCTOR'S HOSPITAL	332172	01/01/1999 through 12/31/1999	Expected Source of Payment	Type of coverage and name of plan of expected source of payment not reported.
VAN NUYS HOSPITAL	190816	01/01/1999 through 12/31/1999	Race	Race not reported consistent with OSHPD requirements.
VENTURA COUNTY MEDICAL CENTER	560481	01/01/1999 through 12/31/1999	Patient Disposition / Source of Admission	Source of admission and patient disposition not reported with OSHPD requirements.
VICTOR VALLEY COMMUNITY HOSPITAL	361370	01/01/1999 through 06/30/2000	Expected Source of Payment / Race	Medicare and private coverage not reported consistent with OSHPD requirements. Race with Hispanic ethnicity not reported consistent with OSHPD requirements.

**APPENDIX E**  
**1999 Managed Care - Knox-Keene/MCOHS**

**Table 1.**  
**Knox-Keene Licensed Plans and Plan Code Numbers**

<b>Plan Code Numbers</b>	<b>Plan Code Names</b>
0000	Plan Code not applicable
0176	Aetna Health Plans of California, Inc.
0328	Alameda Alliance for Health
0322	American Family Care
0303	Blue Cross of California
0043	Blue Shield of California
0314	BPS HMO
0352	Brown and Toland Medical Group
0365	Calaveras Provider Network
0326	Care 1st Health Plan
0234	Careamerica-Southern California, Inc.
0278	Chinese Community Health Plan
0152	Cigna Healthcare of California, Inc.
0200	Community Health Group
0248	Community Health Plan (County of Los Angeles)
0360	Concentrated Care, Inc.
0054	Contra Costa Health Plan
0350	FPA Medical Management of California, Inc
0327	Great American Health Plan
0317	Greater Pacific HMO Inc
0292	HAI
0277	Healthmax America
0300	Health Net
0126	Health Plan of America (HPA)
0159	Health Plan of the Redwoods
0357	Heritage Provider Network, Inc.
0346	Inland Empire Health Plan
0151	Inter Valley Health Plan
0289	Kaiser Foundation Added Choice Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0335	Kern Health Systems Inc
0343	Key Health Plan of California
0142	Lifeguard, Inc.
0355	LA Care Health Plan
0196	Managed Health Network
0002	Maxicare
0298	MCC Behavioral Care of California, Inc.
0345	MedPartners Provider Network, Inc.
0266	Metrahealth Care Plan
0288	Merit Behavioral Care of California, Inc.
0270	Monarch Plan Inc.
0222	National Health Plans
0222	National HMO
0235	Occupational Health Services (OHS)
0238	Omni Healthcare, Inc.
0325	One Health Plan of California Inc.
0301	Pacificare Behavioral Health of California Inc.
0126	Pacificare of California
0237	Priorityplus of California
0296	Prucare Plus
0300	Qualmed Plans for Health
0354	Regents of the University of California

**APPENDIX E**  
**1999 Managed Care - Knox-Keene/MCOHS**

<b>Table 1.</b> <b>Knox-Keene Licensed Plans and Plan Code Numbers</b> (continued)	
<b>Plan Code Numbers</b>	<b>Plan Code Names</b>
0349	San Francisco Health Plan
0351	Santa Clara County Family Health Plan
0126	Secure Horizons
0310	Sharp Health Plan
0212	Smartcare Health Plan
0338	The Health Plan of San Joaquin
0324	Tower Health Service
0266	UHC Healthcare
0008	UHP Healthcare
0209	Universal Care
0236	Valley Health Plan
0293	Value Behavioral Health of California, Inc.
0344	Ventura County Health Care Plan
0102	Vista Behavioral Health Plan
0348	Western Health Advantage
8000	Other

<b>Table 2.</b> <b>Medi-Cal County Organized Health Systems and Plan Code Numbers</b>	
<b>Plan Code Numbers</b>	<b>Name of Medi-Cal County Organized Health System</b>
0000	Plan Code not applicable
9030	Cal Optima (Orange County)
9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9044	Santa Cruz County Health Options (Santa Cruz County)
9048	Solano Partnership Health Plan (Solano County)

Related Plans:      If the **plan code numbers** are the **same** and the **plan names** are **different**, it means they belong to same "parent" plan.

**APPENDIX F**  
**CALIFORNIA PATIENT DISCHARGE DATA**  
**HOSPITAL LIST**  
Full Calendar Year, 1999

FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
<b>STATEWIDE TOTAL</b>		1/1/99	12/31/99	<b>3,775,711</b>			
ALAMEDA COUNTY MEDICAL CENTER	010846	1/1/99	12/31/99	13,370	05	0417	94602
ALAMEDA HOSPITAL	010735	1/1/99	12/31/99	4,154	05	0417	94501
ALHAMBRA HOSPITAL - ALHAMBRA	190017	1/1/99	12/31/99	3,394	11	0913	91802
ALTA BATES MED CTR-ASHBY CAMPUS	010739	1/1/99	12/31/99	25,662	05	0415	94705
ALTA BATES MED CTR=HERRICK CAMPUS	010844	1/1/99	12/31/99	3,461	05	0415	94704
ALTA HOSPITAL DISTRICT	540680	1/1/99	12/31/99	1,110	09	0608	93618
ALVARADO HOSPITAL MEDICAL CENTER	370652	1/1/99	12/31/99	10,593	14	1418	92120
ALVARADO PARKWAY INSTITUTE B.H.S	370749	1/2/99	12/31/99	1,390	14	1422	91941
AMERICAN RECOVERY CENTER	194010	1/1/99	12/31/99	1,452	11	0917	91768
ANACAPA HOSPITAL	560468	1/2/99	12/31/99	984	10	0811	93041
ANAHEIM GENERAL HOSPITAL	301097	1/1/99	12/31/99	4,246	13	1012	92804
ANAHEIM MEMORIAL MEDICAL CENTER	301098	1/1/99	12/31/99	12,027	13	1012	92801
ANAHEIM MEMORIAL MEDICAL CENTER WEST	301761	1/1/99	8/31/99	4,665	13	1012	92801
ANTELOPE VALLEY HOSPITAL MEDICAL CTR	190034	1/1/99	12/31/99	24,129	11	0901	93534
ARROWHEAD REGIONAL MEDICAL CENTER	364231	4/1/99	12/31/99	13,824	12	1209	92324
ARROYO GRANDE COMMUNITY HOSPITAL	400466	1/1/99	12/31/99	2,929	08	0801	93420
AURORA CHARTER OAK	190163	1/1/99	12/31/99	2,684	11	0915	91724
AURORA SAN DIEGO	374024	1/1/99	12/31/99	1,665	14	1412	92128
AVALON MUNICIPAL HOSPITAL & CLINIC	190045	1/11/99	12/20/99	56	11	0933	90704
BAKERSFIELD HEART HOSPITAL	154101	9/14/99	12/31/99	484	09	0617	93308
BAKERSFIELD MEMORIAL HOSPITAL	150722	1/1/99	12/31/99	12,955	09	0617	93301
BARLOW HOSPITAL	190052	1/1/99	12/31/99	461	11	0925	90026
BARSTOW COMMUNITY HOSPITAL	361105	1/1/99	12/31/99	3,404	12	1213	92311
BARTON MEMORIAL HOSPITAL	090793	1/1/99	12/31/99	5,821	02	0306	95731
BAY HARBOR HOSPITAL	190057	1/1/99	12/31/99	4,598	11	0933	90710
BAYVIEW HOSPITAL & MENTAL HEALTH SYSTEM	370775	1/1/99	12/31/99	1,580	14	1420	92011
BEAR VALLEY COMMUNITY HOSPITAL	361110	1/2/99	12/31/99	478	12	1217	92315
BELLFLOWER MEDICAL CENTER	190066	1/1/99	12/31/99	6,427	11	0921	90706
BETTY FORD CENTER OF EISENHOWER, THE	330120	1/1/99	12/30/99	1,048	12	1105	92270
BEVERLY HOSPITAL	190081	1/1/99	12/31/99	13,520	11	0919	90640
BHC ALHAMBRA HOSPITAL	190020	1/1/99	12/31/99	1,893	11	0913	91770
BIGGS-GRIDLEY MEMORIAL HOSPITAL	040802	1/1/99	12/31/99	963	01	0221	95948
BREA COMMUNITY HOSPITAL	301126	1/1/99	12/31/99	2,453	13	1011	92621
BROTMAN MEDICAL CENTER	190110	1/1/99	12/31/99	7,412	11	0927	90231
BUTTE COUNTY MENTAL HEALTH - PHF	044006	1/1/99	12/31/99	1,061	01	0219	95926
CALIFORNIA HOSPITAL MEDICAL CENTER	190125	1/1/99	12/31/99	17,355	11	0925	90015
CALIFORNIA PACIFIC MEDICAL CENTER	380929	1/1/99	12/31/99	32,010	04	0423	94115
CALIFORNIA SPECIALTY HOSPITAL	481015	1/2/99	12/31/99	1,446	03	0409	94590
CANYON RIDGE HOSPITAL	364050	1/1/99	12/31/99	2,270	12	1207	91710
CASA COLINA HOSP FOR REHAB MEDICINE	190137	1/1/99	12/30/99	633	11	0917	91767
CEDAR VISTA HOSPITAL	104008	1/1/99	12/31/99	2,170	09	0605	93720
CEDARS-SINAI MEDICAL CENTER	190555	1/1/99	12/31/99	49,114	11	0925	90048
CENTINELA HOSPITAL MEDICAL CENTER	190148	1/29/99	12/31/99	12,965	11	0929	90301
CENTRAL VALLEY GENERAL HOSPITAL	160787	1/1/99	12/31/99	6,397	09	0615	93230
CENTURY CITY HOSPITAL	190155	1/1/99	12/31/99	4,754	11	0927	90067
CHAPMAN MEDICAL CENTER	301140	1/1/99	12/31/99	2,705	13	1015	92669
CHARTER BHS - CORONA	331225	1/1/99	12/31/99	2,544	12	1111	91719
CHARTER BHS - MISSION VIEJO	304040	1/1/99	9/29/99	992	13	1017	92690
CHARTER BHS - SAN JOSE	434032	1/1/99	11/11/99	1,568	07	0431	95138

**APPENDIX F**  
**CALIFORNIA PATIENT DISCHARGE DATA**  
**HOSPITAL LIST**  
Full Calendar Year, 1999

FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
CHARTER BHS OF NO CA/SAC	314007	1/1/99	12/31/99	2,354	02	0309	95678
CHARTER BHS OF SO CA/PALM SPRINGS	334017	1/1/99	12/31/99	1,495	12	1105	92234
CHILDREN'S HOSPITAL - SAN DIEGO	370673	1/1/99	12/31/99	11,995	14	1416	92123
CHILDREN'S HOSPITAL AT MISSION	304113	1/1/99	12/31/99	1,911	13	1017	92691
CHILDREN'S HOSPITAL MED CTR OF NO CAL	010776	1/1/99	12/31/99	10,302	05	0417	94609
CHILDREN'S HOSPITAL OF LOS ANGELES	190170	1/1/99	12/31/99	11,316	11	0925	90027
CHILDREN'S HOSPITAL OF ORANGE COUNTY	300032	1/1/99	12/31/99	7,430	13	1015	92668
CHILDRENS RECOVERY CTR OF NO CALIF	434051	1/5/99	12/31/99	28	07	0431	95008
CHINESE HOSPITAL	382715	1/1/99	12/31/99	2,026	04	0423	94133
CHINO VALLEY MEDICAL CENTER	361144	1/1/99	12/31/99	7,088	12	1207	91710
CHOWCHILLA DISTRICT MEMORIAL HOSPITAL	200692	1/4/99	12/31/99	115	09	0601	93610
CITRUS VALLEY MEDICAL CENTER-IC CAMPUS	190413	1/1/99	12/31/99	10,537	11	0915	91723
CITRUS VALLEY MEDICAL CENTER-QV CAMPUS	190636	1/1/99	12/31/99	20,861	11	0915	91790
CITY OF ANGELS MEDICAL CENTER	190661	7/18/99	12/31/99	138	11	0925	90026
CITY OF ANGELS-INGLESIDE CAMPUS	190410	1/1/99	12/31/99	1,324	11	0913	91770
CITY OF HOPE NATIONAL MEDICAL CENTER	190176	1/1/99	12/31/99	3,858	11	0913	91010
CLOVIS COMMUNITY HOSPITAL	100005	1/1/99	12/31/99	7,628	09	0605	93612
COALINGA REGIONAL MEDICAL CENTER	100697	1/1/99	12/31/99	857	09	0609	93210
COAST PLAZA DOCTORS HOSPITAL	190766	1/1/99	12/31/99	3,792	11	0921	90650
COASTAL COMMUNITIES HOSPITAL	301258	1/1/99	12/31/99	5,881	13	1015	92704
COLLEGE HOSPITAL	190184	1/2/99	12/31/99	4,402	11	0921	90701
COLLEGE HOSPITAL COSTA MESA	301155	1/1/99	12/31/99	5,014	13	1016	92627
COLORADO RIVER MEDICAL CENTER	361458	1/1/99	12/31/99	2,062	12	1215	92363
COLUMBIA LAS ENCINAS HOSPITAL	190462	1/1/99	12/31/99	1,898	11	0911	91107
COLUSA COMMUNITY HOSPITAL	060870	1/2/99	12/31/99	1,213	01	0225	95932
COMMUNITY & MISSION HOSPS-HTG PARK	190197	1/1/99	11/16/99	1,874	11	0923	90255
COMMUNITY HOSPITAL OF GARDENA	190196	1/2/99	12/31/99	821	11	0929	90247
COMMUNITY HOSPITAL OF LOS GATOS	430743	1/1/99	12/31/99	6,281	07	0431	95030
COMMUNITY HOSPITAL OF MONTEREY PENINSULA	270744	1/1/99	12/31/99	13,097	08	0707	93940
COMMUNITY HOSPITAL OF SAN BERNARDINO	361323	1/1/99	12/31/99	12,389	12	1209	92411
COMMUNITY MEM HOSP - SAN BUENAVENTURA	560473	1/1/99	12/31/99	15,405	10	0809	93003
CONTINENTAL REHAB HOSPITAL OF SAN DIEGO	374094	1/1/99	12/31/99	1,110	14	1418	92103
CONTRA COSTA REGIONAL MEDICAL CTR	070924	1/1/99	12/31/99	9,155	05	0411	94553
CORCORAN DISTRICT HOSPITAL	160702	1/2/99	12/31/99	936	09	0615	93212
CORONA REGIONAL MEDICAL CENTER-MAGNOLIA	331145	1/1/99	12/31/99	10,514	12	1111	91719
CRYSTAL SPRINGS REHABILITATION CENTER	410752	1/3/99	12/31/99	119	04	0427	94402
DAMERON HOSPITAL	390846	1/1/99	12/31/99	12,909	06	0507	95203
DANIEL FREEMAN MARINA HOSPITAL	190500	1/1/99	12/31/99	4,903	11	0927	90291
DANIEL FREEMAN MEMORIAL HOSPITAL	190230	1/1/99	12/31/99	16,118	11	0929	90301
DEL AMO HOSPITAL	190232	1/1/99	12/31/99	1,803	11	0931	90505
DELANO REGIONAL MEDICAL CENTER	150706	1/1/99	12/31/99	4,531	09	0617	93215
DESERT REGIONAL MEDICAL CENTER	331164	1/1/99	12/31/99	15,840	12	1105	92263
DESERT VALLEY HOSPITAL	364144	1/1/99	12/31/99	6,578	12	1211	92392
DOCTORS HOSPITAL OF MANTECA	392287	1/1/99	12/31/99	3,144	06	0507	95336
DOCTORS HOSPITAL OF WEST COVINA	190857	1/2/99	12/31/99	868	11	0915	91790
DOCTORS MEDICAL CENTER	500852	1/1/99	12/31/99	22,401	06	0511	95350
DOCTORS MEDICAL CENTER - PINOLE	073449	1/1/99	12/31/99	3,579	05	0413	94564
DOCTORS MEDICAL CENTER - SAN PABLO	070904	1/1/99	12/31/99	7,038	05	0413	94806
DOMINICAN SANTA CRUZ HOSPITAL - SOQUEL	440755	1/1/99	12/31/99	13,131	08	0703	95065
DOS PALOS MEMORIAL HOSPITAL	240853	1/2/99	12/30/99	76	06	0517	93620
DOWNEY REGIONAL MEDICAL CENTER	190243	1/1/99	12/31/99	12,557	11	0921	90241

**APPENDIX F**  
**CALIFORNIA PATIENT DISCHARGE DATA**  
**HOSPITAL LIST**  
Full Calendar Year, 1999

FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
EAST LOS ANGELES DOCTOR'S HOSPITAL	190256	1/1/99	12/31/99	2,433	11	0925	90023
EASTERN PLUMAS HEALTH CARE	320859	1/1/99	12/31/99	573	01	0217	96122
EDEN MEDICAL CENTER	010805	1/1/99	12/31/99	10,285	05	0421	94546
EDGEMONT HOSPITAL	190260	1/1/99	12/31/99	1,438	11	0925	90027
EISENHOWER MEDICAL CENTER	331168	1/1/99	12/31/99	16,631	12	1105	92270
EL CAMINO HOSPITAL	430763	1/1/99	12/31/99	21,356	07	0429	94042
EL CENTRO REGIONAL MEDICAL CENTER	130699	1/1/99	12/31/99	7,700	14	1424	92243
EL DORADO COUNTY MENTAL HEALTH-PHF	094002	1/2/99	12/31/99	316	02	0304	95667
EMANUEL MEDICAL CENTER	500867	1/1/99	12/31/99	8,632	06	0516	95380
ENCINO TARZANA RGNL MC - ENCINO	190280	1/1/99	12/31/99	3,865	11	0905	91436
ENCINO TARZANA RGNL MC - TARZANA	190517	1/1/99	12/31/99	14,288	11	0905	91356
ENLOE MEDICAL CENTER-ESPLANADE CAMPUS	040962	1/1/99	12/31/99	15,714	01	0219	95926
FAIRCHILD MEDICAL CENTER	474007	1/1/99	12/31/99	1,724	01	0203	96097
FALLBROOK HOSPITAL DISTRICT	370705	1/1/99	12/31/99	2,767	14	1414	92028
FEATHER RIVER HOSPITAL	040875	1/1/99	12/31/99	4,605	01	0220	95969
FOOTHILL PRESBYTERIAN HOSPITAL	190298	1/1/99	12/31/99	6,466	11	0915	91741
FOUNTAIN VALLEY RGNL HOSP & MC-EUCLID	301175	1/1/99	12/31/99	20,622	13	1014	92708
FRANK R HOWARD MEMORIAL HOSPITAL	230949	1/1/99	12/31/99	935	01	0112	95490
FREMONT HOSPITAL - FREMONT	014034	1/1/99	12/31/99	2,226	05	0421	94538
FREMONT HOSPITAL - YUBA CITY	510882	1/1/99	12/31/99	9,692	02	0227	95991
FRENCH HOSPITAL - SAN LUIS OBISPO	400480	1/1/99	12/31/99	5,289	08	0801	93401
FRESNO COMMUNITY HOSP AND MEDICAL CENTER	100717	1/1/99	12/31/99	21,975	09	0605	93715
FRESNO COUNTY - PHF	104089	1/4/99	12/29/99	579	09	0605	93702
FRESNO SURGERY CENTER	104047	1/1/99	12/30/99	2,017	09	0605	93710
GARDEN GROVE HOSP & MEDICAL CENTER	301283	1/1/99	12/31/99	10,129	13	1012	92643
GARFIELD MEDICAL CENTER	190315	1/1/99	12/31/99	14,493	11	0913	91754
GATEWAYS HOSPITAL AND MENTAL HEALTH CTR	190317	1/6/99	12/31/99	643	11	0925	90026
GENERAL HOSPITAL, THE	120981	1/1/99	12/31/99	2,876	01	0105	95501
GEORGE L. MEE MEMORIAL HOSPITAL	270777	1/1/99	12/31/99	1,823	08	0709	93930
GLENDALE ADVENTIST MEDICAL CENTER	190323	1/1/99	12/31/99	16,085	11	0909	91206
GLENDALE MEMORIAL HOSPITAL & HEALTH CTR	190522	1/1/99	12/31/99	16,882	11	0909	91204
GLENN MEDICAL CENTER	110889	1/1/99	12/31/99	295	01	0223	95988
GOLETA VALLEY COTTAGE HOSPITAL	420483	1/1/99	12/31/99	2,228	10	0807	93111
GOOD SAMARITAN HOSPITAL	190392	1/1/99	12/31/99	18,305	11	0925	90017
GOOD SAMARITAN HOSPITAL	430779	1/1/99	12/31/99	22,134	07	0431	95124
GOOD SAMARITAN HOSPITAL-BAKERSFIELD	150775	1/1/99	12/30/99	1,574	09	0617	93308
GRANADA HILLS COMMUNITY HOSPITAL	190348	1/1/99	12/31/99	6,322	11	0903	91344
GREATER EL MONTE COMMUNITY HOSPITAL	190352	1/1/99	12/31/99	5,306	11	0913	91733
GROSSMONT HOSPITAL	370714	1/1/99	12/31/99	19,888	14	1422	91942
GUARDIAN REHAB HOSPITAL SAN RAMON	074011	1/1/99	12/31/99	1,018	05	0411	94583
HANFORD COMMUNITY HOSPITAL	160725	1/1/99	12/31/99	3,359	09	0615	93230
HAZEL HAWKINS MEMORIAL HOSPITAL	350784	1/1/99	12/31/99	2,969	08	0701	95023
HEALDSBURG GENERAL HOSPITAL	490964	1/1/99	12/31/99	1,860	03	0401	95448
HEALTHSOUTH BAKERSFIELD RGNL REHAB HOSP	154022	1/2/99	12/31/99	1,136	09	0617	93309
HEBREW HOME FOR THE AGED DISABLED	380842	1/2/99	12/30/99	389	04	0423	94112
HEMET VALLEY MEDICAL CENTER	331194	1/1/99	12/31/99	16,527	12	1109	92343
HENRY MAYO NEWHALL MEMORIAL HOSPITAL	190949	1/1/99	12/31/99	10,475	11	0903	91355
HERITAGE HOSPITAL	364188	1/1/99	12/31/99	601	12	1207	91730
HERITAGE OAKS HOSPITAL	344021	1/1/99	12/31/99	1,784	02	0311	95841
HI-DESERT MEDICAL CENTER	362041	1/1/99	12/31/99	2,776	12	1214	92252
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	301205	1/1/99	12/31/99	27,212	13	1016	92660

**APPENDIX F**  
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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HSPA	ZIP Code
HOLLYWOOD COMMUNITY HOSP OF HOLLYWOOD	190380	1/1/99	12/31/99	2,082	11	0925	90028
HOLLYWOOD COMMUNITY HOSP OF VAN NUYS	190814	1/1/99	12/31/99	715	11	0905	91401
HUNTINGTON BEACH HOSP & MED CTR	301209	1/1/99	12/31/99	3,849	13	1014	92647
HUNTINGTON EAST VALLEY HOSPITAL	190328	1/1/99	12/31/99	4,551	11	0915	91740
HUNTINGTON MEMORIAL HOSPITAL	190400	1/1/99	12/31/99	26,534	11	0911	91109
INDIAN VALLEY HOSPITAL	320874	1/1/99	12/31/99	334	01	0215	95947
INLAND VALLEY REGIONAL MEDICAL CENTER	334001	1/1/99	12/31/99	8,169	12	1109	92395
IRVINE MEDICAL CENTER	304045	1/1/99	12/31/99	7,151	13	1016	92718
JEROLD PHELPS COMMUNITY HOSPITAL	121031	1/1/99	12/31/99	236	01	0109	95542
JOHN C FREMONT HEALTHCARE DISTRICT	220733	1/1/99	12/31/99	354	09	0603	95338
JOHN F. KENNEDY MEMORIAL HOSPITAL	331216	1/1/99	12/31/99	10,417	12	1103	92201
JOHN MUIR MEDICAL CENTER	070988	1/1/99	12/31/99	17,948	05	0411	94598
KAISER FDN HOSP - ANAHEIM	301132	1/1/99	12/31/99	13,119	13	1011	92807
KAISER FDN HOSP - BELLFLOWER	190430	1/1/99	12/31/99	21,798	11	0921	90706
KAISER FDN HOSP - FONTANA	361223	1/1/99	12/31/99	24,857	12	1209	92335
KAISER FDN HOSP - FRESNO	104062	1/1/99	12/31/99	8,478	09	0605	93720
KAISER FDN HOSP - GEARY (S.F.)	380857	1/1/99	12/31/99	14,307	04	0423	94115
KAISER FDN HOSP - HARBOR CITY	190431	1/1/99	12/31/99	12,948	11	0933	90710
KAISER FDN HOSP - HAYWARD	010858	1/1/99	12/31/99	17,714	05	0421	94545
KAISER FDN HOSP - OAKLAND CAMPUS	010856	1/1/99	12/31/99	11,099	05	0417	94611
KAISER FDN HOSP - PANORAMA CITY	190432	1/1/99	12/31/99	14,075	11	0905	91402
KAISER FDN HOSP - REDWOOD CITY	410804	1/1/99	12/31/99	8,800	04	0428	94063
KAISER FDN HOSP - RICHMOND	070991	2/9/99	12/31/99	1,613	05	0413	94804
KAISER FDN HOSP - RIVERSIDE	334025	1/1/99	12/31/99	15,497	12	1111	92505
KAISER FDN HOSP - SACRAMENTO	340913	1/1/99	12/31/99	21,542	02	0311	95825
KAISER FDN HOSP - SAN DIEGO	370730	1/1/99	12/31/99	29,868	14	1416	92120
KAISER FDN HOSP - SAN RAFAEL	210992	1/1/99	12/31/99	4,759	04	0405	94903
KAISER FDN HOSP - SANTA CLARA	430805	1/1/99	12/31/99	17,807	07	0429	95051
KAISER FDN HOSP - SANTA ROSA	494019	1/1/99	12/31/99	7,874	03	0401	95403
KAISER FDN HOSP - SANTA TERESA COMM HOSP	431506	1/1/99	12/31/99	13,302	07	0431	95119
KAISER FDN HOSP - SOUTH SACRAMENTO	342344	1/1/99	12/31/99	14,028	02	0311	95823
KAISER FDN HOSP - SOUTH SAN FRANCISCO	410806	1/1/99	12/31/99	5,610	04	0425	94080
KAISER FDN HOSP - SUNSET	190429	1/1/99	12/31/99	23,015	11	0925	90027
KAISER FDN HOSP - WALNUT CREEK	070990	1/1/99	12/31/99	20,377	05	0411	94596
KAISER FDN HOSP - WEST LA	190434	1/1/99	12/31/99	13,125	11	0927	90034
KAISER FDN HOSP - WOODLAND HILLS	191450	1/1/99	12/31/99	11,955	11	0905	91367
KAISER FDN HOSP MENTAL HEALTH CENTER	190646	1/2/99	12/31/99	2,380	11	0925	90012
KAISER FDN HOSP REHAB CTR - VALLEJO	480989	1/1/99	12/31/99	17,541	03	0409	94590
KAISER FND HOSP - BALDWIN PARK	196035	1/1/99	12/31/99	11,948	11	0915	91706
KAISER FND HOSP - VALLEY MED CENTER	314024	1/1/99	12/31/99	8,254	02	0309	95661
KAISER PERMANENTE CHEMICAL DEP PROGRAM	364110	1/1/99	12/31/99	577	12	1209	92335
KAWEAH DELTA DISTRICT HOSPITAL	540734	1/1/99	12/31/99	19,864	09	0611	93291
KEDREN COMMUNITY MENTAL HEALTH CENTER	190150	1/4/99	12/31/99	771	11	0935	90011
KENTFIELD REHABILITATION CENTER	210993	1/2/99	12/31/99	502	04	0405	94904
KERN MEDICAL CENTER	150736	1/1/99	12/31/99	14,605	09	0617	93305
KERN VALLEY HEALTHCARE DISTRICT	150737	1/1/99	12/31/99	1,477	09	0619	93240
KINGSBURG MEDICAL HOSPITAL	100745	1/1/99	12/31/99	487	09	0607	93631
KNOLLWOOD PSYCH & CHEMICAL DEPEND CTR	331226	1/1/99	12/30/99	929	12	1111	92506
KPC GLOBAL MEDICAL CENTER	361166	1/1/99	12/31/99	6,347	12	1207	91763
LA CASA PSYCHIATRIC HEALTH FACILITY	194981	1/4/99	12/29/99	371	11	0933	90805
LA PALMA INTERCOMMUNITY HOSPITAL	301234	1/1/99	12/31/99	4,684	13	1013	90623

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
LAC/HARBOR+UCLA MEDICAL CTR	191227	1/1/99	12/31/99	23,535	11	0933	90502
LAC/HIGH DESERT HOSPITAL	191261	1/1/99	12/30/99	1,834	11	0901	93534
LAC/MARTIN LUTHER KING JR/DREW MED CTR	191230	1/1/99	12/31/99	13,221	11	0935	90059
LAC/OLIVE VIEW MEDICAL CENTER	191231	1/1/99	12/31/99	14,210	11	0903	91342
LAC/RANCHO LOS AMIGOS NATIONAL REHAB CTR	191306	1/1/99	12/31/99	3,045	11	0921	90242
LAC/USC MEDICAL CENTER	191228	1/1/99	12/31/99	48,622	11	0925	90033
LAGUNA HONDA HOSPITAL & REHAB CENTER	380865	1/2/99	12/31/99	1,128	04	0423	94116
LAKEWOOD REGIONAL MEDICAL CENTER - SOUTH	190240	1/1/99	12/31/99	9,527	11	0933	90712
LANCASTER COMMUNITY HOSPITAL	190455	1/1/99	12/31/99	5,850	11	0901	93534
LANGLEY PORTER PSYCHIATRIC INSTITUTE	380868	1/4/99	12/29/99	755	04	0423	94143
LASSEN COMMUNITY HOSPITAL	180919	1/1/99	12/31/99	1,561	01	0213	96130
LAUREL GROVE HOSPITAL	010869	1/1/99	12/30/99	666	05	0421	94546
LINCOLN HOSPITAL MEDICAL CENTER	190468	1/1/99	12/31/99	1,172	11	0925	90033
LINDSAY DISTRICT HOSPITAL	540746	1/1/99	12/31/99	2,334	09	0613	93247
LITTLE COMPANY OF MARY HOSPITAL	190470	1/1/99	12/31/99	19,467	11	0931	90503
LODI MEMORIAL HOSPITAL	390923	1/1/99	12/31/99	8,177	06	0505	95240
LOMA LINDA UNIV BEHAVIORAL MEDICINE CTR.	364014	1/1/99	12/31/99	2,717	12	1209	92373
LOMA LINDA UNIVERSITY MEDICAL CENTER	361246	1/1/99	12/31/99	33,393	12	1209	92354
LOMPOC HEALTHCARE DISTRICT	420491	1/1/99	12/31/99	3,321	10	0805	93436
LONG BEACH COMMUNITY MEDICAL CENTER	190475	1/1/99	12/31/99	11,944	11	0933	90804
LONG BEACH MEMORIAL MEDICAL CENTER	190525	1/1/99	12/31/99	35,417	11	0933	90806
LOS ALAMITOS MEDICAL CENTER	301248	1/1/99	12/31/99	11,859	13	1013	90720
LOS ANGELES COMMUNITY HOSP OF NORWALK	190570	3/16/99	12/31/99	1,037	11	0921	90650
LOS ANGELES COMMUNITY HOSPITAL	190198	1/1/99	12/31/99	5,154	11	0925	90023
LOS ANGELES METROPOLITAN MEDICAL CENTER	190854	1/1/99	12/31/99	8,010	11	0925	90018
LOS ROBLES/HOSPITAL MED CTR	560492	1/1/99	12/31/99	13,543	10	0813	91360
LUCILE S PACKARD CHILDRN HOSP AT STANFORD	434040	1/1/99	12/31/99	15,156	07	0429	94304
MAD RIVER COMMUNITY HOSPITAL	121002	1/1/99	12/31/99	2,955	01	0105	95521
MADERA COMMUNITY HOSPITAL	201281	1/1/99	12/31/99	6,428	09	0601	93637
MAMMOTH HOSPITAL	260011	1/1/99	12/31/99	376	12	1205	93546
MARIAN MEDICAL CENTER	420493	1/1/99	12/31/99	12,719	10	0803	93454
MARIE GREEN PSYCHIATRIC CENTER -PHF	244027	1/3/99	12/31/99	605	06	0515	95340
MARIN GENERAL HOSPITAL	211006	1/1/99	12/31/99	11,847	04	0405	94904
MARK TWAIN ST. JOSEPH'S HOSPITAL	050932	1/1/99	12/31/99	1,442	06	0503	95249
MARSHALL HOSPITAL	090933	1/1/99	12/31/99	5,984	02	0304	95667
MAYERS MEMORIAL HOSPITAL	450936	1/1/99	12/31/99	777	01	0210	96028
MEDICAL CENTER AT THE UCSF	381154	1/1/99	12/31/99	21,718	04	0423	94143
MEMORIAL CENTER	154044	1/1/99	12/31/99	884	09	0617	93309
MEMORIAL HOSPITAL AT EXETER	540755	1/7/99	12/3/99	39	09	0611	93221
MEMORIAL HOSPITAL LOS BANOS	240924	1/1/99	12/31/99	2,061	06	0517	93635
MEMORIAL HOSPITAL MODESTO	500939	1/1/99	12/31/99	18,271	06	0511	95355
MEMORIAL HOSPITAL OF GARDENA	190521	1/1/99	12/31/99	5,267	11	0929	90247
MENDOCINO COAST DISTRICT HOSPITAL	231013	1/1/99	12/31/99	2,100	01	0111	95437
MENDOCINO COUNTY MENTAL HLTH - PHF	234004	1/1/99	12/31/99	468	01	0113	95482
MENIFEE VALLEY MEDICAL CENTER	334018	1/1/99	12/31/99	4,518	12	1109	92585
MERCY AMERICAN RIVER HOSPITAL	340869	1/1/99	12/31/99	2,755	02	0309	95608
MERCY GENERAL HOSPITAL	340947	1/1/99	12/31/99	18,394	02	0311	95819
MERCY HOSPITAL & HLTH SVCS - MERCED	240948	1/1/99	12/31/99	6,880	06	0515	95340
MERCY HOSPITAL - BAKERSFIELD	150761	1/1/99	12/31/99	15,396	09	0617	93301
MERCY HOSPITAL - FOLSOM	344029	1/1/99	12/31/99	4,376	02	0309	95630
MERCY HOSPITAL OF MT. SHASTA	470871	1/1/99	12/31/99	1,889	01	0205	96067

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
MERCY MEDICAL CENTER-REDDING	450949	1/1/99	12/31/99	12,128	01	0209	96001
MERCY SAN JUAN HOSPITAL	340950	1/1/99	12/31/99	16,353	02	0309	95608
MERCY WESTSIDE HOSPITAL	150830	2/1/99	12/31/99	388	09	0625	93268
MERRITT PERALTA INSTITUTE CDRH	013687	1/1/99	12/29/99	427	05	0417	94609
MESA VISTA HOSPITAL	370745	1/1/99	12/31/99	4,392	14	1416	92123
METHODIST HOSPITAL OF SACRAMENTO	340951	1/1/99	12/31/99	9,668	02	0311	95823
METHODIST HOSPITAL OF SOUTHERN CAL	190529	1/1/99	12/31/99	13,971	11	0913	91006
MIDWAY HOSPITAL MEDICAL CENTER	190534	1/1/99	12/31/99	4,645	11	0925	90019
MILLS-PENINSULA MEDICAL CENTER	410852	1/1/99	12/31/99	18,113	04	0427	94010
MISSION BAY HOSPITAL	370746	1/1/99	12/31/99	3,348	14	1416	92109
MISSION COMMUNITY HOSPITAL - PANORAMA	190524	1/1/99	12/31/99	1,858	11	0905	91402
MISSION COMMUNITY HOSPITAL-SAN FERNANDO	190676	1/1/99	12/31/99	2,579	11	0903	91340
MISSION HOSPITAL	190538	1/1/99	11/16/99	4,813	11	0923	90255
MISSION HOSPITAL REGIONAL MEDICAL CENTER	301262	1/1/99	12/31/99	19,417	13	1017	92691
MODESTO REHABILITATION HOSPITAL	500954	1/1/99	12/31/99	1,105	06	0511	95354
MODOC MEDICAL CENTER	250956	1/1/99	12/31/99	255	01	0201	96101
MONROVIA COMMUNITY HOSPITAL	190541	1/1/99	12/31/99	1,833	11	0913	91016
MONTEREY PARK HOSPITAL	190547	1/1/99	12/31/99	6,710	11	0913	91754
MORENO VALLEY COMMUNITY HOSPITAL	334048	1/1/99	12/31/99	5,706	12	1109	92555
MOTION PICTURE & TELEVISION HOSPITAL	190552	1/1/99	12/31/99	1,098	11	0905	91364
MOUNTAINS COMMUNITY HOSPITAL	361266	1/1/99	12/31/99	814	12	1209	92352
MT DIABLO MEDICAL CENTER	071018	1/1/99	12/31/99	12,566	05	0411	94520
MT DIABLO MEDICAL PAVILION	074039	1/1/99	12/31/99	2,067	05	0411	94520
NATIVIDAD MEDICAL CENTER	270831	1/1/99	6/30/99	4,445	08	0705	93906
NATIVIDAD MEDICAL CENTER	274043	7/1/99	12/31/99	4,984	08	0705	93906
NELSON M HOLDERMAN MEMORIAL HOSPITAL	281297	1/1/99	12/31/99	1,036	03	0407	94599
NEWPORT BAY HOSPITAL	301304	1/2/99	12/31/99	379	13	1016	92663
NORTH BAY MEDICAL CENTER	481357	1/1/99	12/31/99	6,647	03	0408	94533
NORTHERN CALIFORNIA REHABILITATION HOSP	454012	1/1/99	12/31/99	1,536	01	0209	96001
NORTHERN INYO HOSPITAL	141273	1/1/99	12/31/99	1,501	12	1203	93514
NORTHRIDGE HOSPITAL MEDICAL CENTER	190568	1/1/99	12/31/99	16,220	11	0905	91324
NORTHRIDGE HOSPITAL MEDICAL CTR-SHERMAN	190810	1/1/99	12/31/99	10,337	11	0905	91405
NOVATO COMMUNITY HOSPITAL	212637	1/1/99	12/31/99	2,201	04	0405	94947
O'CONNOR HOSPITAL	430837	1/1/99	12/31/99	14,141	07	0431	95128
OAK VALLEY DISTRICT HOSPITAL	500967	1/1/99	12/31/99	2,779	06	0511	95361
OASIS MENTAL HEALTH TREATMENT CTR-PHF	334457	1/2/99	12/31/99	683	12	1103	92201
OJAI VALLEY COMMUNITY HOSPITAL	560501	1/1/99	12/31/99	1,642	10	0809	93023
ORANGE COAST MEMORIAL MEDICAL CENTER	300225	1/1/99	12/31/99	6,739	13	1016	92728
ORANGE COUNTY COMM HOSP - BUENA PARK	301242	1/1/99	12/31/99	4,552	13	1013	90620
OROVILLE HOSPITAL	040937	1/1/99	12/31/99	6,413	01	0221	95966
ORTHOPAEDIC HOSPITAL	190581	1/1/99	12/31/99	1,556	11	0925	90007
PACIFIC ALLIANCE MEDICAL CENTER	190307	1/1/99	12/31/99	5,202	11	0925	90012
PACIFIC COAST HOSPITAL	380769	1/8/99	12/22/99	113	04	0423	94115
PACIFIC HOSPITAL OF LONG BEACH	190587	1/1/99	12/31/99	5,119	11	0933	90806
PACIFICA HOSPITAL OF THE VALLEY	190696	1/1/99	12/31/99	5,516	11	0907	91352
PALM DRIVE HOSPITAL	491338	1/2/99	12/31/99	1,005	03	0401	95472
PALO VERDE HOSPITAL	331288	1/1/99	12/31/99	2,070	12	1101	92225
PALOMAR MEDICAL CENTER	370755	1/1/99	12/31/99	22,016	14	1412	92025
PARADISE VALLEY HOSPITAL	370759	1/1/99	12/31/99	10,266	14	1420	91950
PARKVIEW COMMUNITY HOSPITAL	331293	1/1/99	12/31/99	10,814	12	1111	92503
PATIENT'S HOSPITAL OF REDDING	454013	1/9/99	12/31/99	369	01	0209	96001

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
PETALUMA VALLEY HOSPITAL	491001	1/1/99	12/31/99	4,448	03	0403	94954
PINE GROVE HOSPITAL	190605	1/1/99	12/31/99	1,486	11	0905	91307
PIONEERS MEMORIAL HOSPITAL	130760	1/1/99	12/31/99	5,611	14	1424	92227
PLACENTIA-LINDA COMMUNITY HOSPITAL	301297	1/1/99	12/31/99	3,935	13	1011	92670
PLUMAS DISTRICT HOSPITAL	320986	1/1/99	12/31/99	690	01	0215	95971
POMERADO HOSPITAL	370977	1/1/99	12/31/99	7,571	14	1412	92064
POMONA VALLEY HOSPITAL MEDICAL CENTER	190630	1/1/99	12/31/99	24,304	11	0917	91767
PRESBYTERIAN INTERCOMMUNITY HOSPITAL	190631	1/1/99	12/31/99	17,976	11	0919	90602
PROVIDENCE HOLY CROSS MEDICAL CENTER	190385	1/1/99	12/31/99	12,390	11	0903	91345
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	190758	1/1/99	12/31/99	22,588	11	0907	91505
QUEEN OF ANGELS-HOLLYWOOD PRESB MED CTR	190382	1/1/99	12/31/99	22,387	11	0925	90027
QUEEN OF THE VALLEY HOSP	281047	1/1/99	12/31/99	8,438	03	0407	94558
RANCHO SPRINGS MEDICAL CENTER	334068	1/1/99	12/31/99	6,320	12	1109	92362
RECOVERY INN OF MENLO PARK	414018	1/1/99	12/29/99	607	04	0428	94025
REDBUD COMMUNITY HOSPITAL	171049	1/1/99	12/31/99	1,632	01	0115	95422
REDDING MEDICAL CENTER	450940	1/1/99	12/31/99	9,036	01	0209	96001
REDLANDS COMMUNITY HOSPITAL	361308	1/1/99	12/31/99	13,367	12	1209	92373
REDWOOD MEMORIAL HOSPITAL	121051	1/1/99	12/31/99	2,241	01	0107	95540
REGIONAL MEDICAL CENTER OF SAN JOSE	430705	1/1/99	12/31/99	13,818	07	0431	95116
REHABILITATION INSTITUTE AT SNTA BARBARA	421167	1/1/99	12/30/99	403	10	0807	93110
RIDEOUT MEMORIAL HOSPITAL	580996	1/1/99	12/31/99	6,157	02	0227	95901
RIDGECREST REGIONAL HOSPITAL	150782	1/1/99	12/31/99	3,113	09	0621	93555
RIVERSIDE COMMUNITY HOSPITAL	331312	1/1/99	12/31/99	18,631	12	1111	92501
RIVERSIDE COUNTY REGIONAL MED CTR	334487	1/1/99	12/31/99	14,024	12	1109	92555
RIVERSIDE GENERAL HOSP-MENTAL HEALTH FAC	331314	1/3/99	6/30/99	1,331	12	1111	92503
ROBERT F. KENNEDY MEDICAL CENTER	190366	1/1/99	12/31/99	6,041	11	0929	90250
ROSS HOSPITAL	214005	1/1/99	11/4/99	1,096	04	0405	94904
S.T.A.R.S. - PHF	014113	1/5/99	12/28/99	157	05	0421	94578
SACRAMENTO MENTAL HLTH TREATMENT CTR-PHF	344011	1/1/99	12/31/99	2,834	02	0311	95817
SADDLEBACK MEMORIAL MEDICAL CENTER	301317	1/1/99	12/31/99	14,533	13	1017	92653
SALINAS VALLEY MEMORIAL HOSPITAL	270875	1/1/99	12/31/99	15,002	08	0705	93901
SAN ANTONIO COMMUNITY HOSPITAL	361318	1/1/99	12/31/99	20,758	12	1207	91786
SAN BERNARDINO COUNTY MEDICAL CENTER	361320	1/1/99	3/30/99	3,157	12	1209	92404
SAN BERNARDINO COUNTY MENTAL HEALTH SVCS	361321	1/1/99	3/29/99	747	12	1209	92415
SAN CLEMENTE HOSPITAL & MED CTR	301325	1/1/99	12/31/99	2,755	13	1017	92672
SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	374055	1/2/99	12/31/99	1,171	14	1418	92110
SAN DIEGO HOSPICE ACUTE CARE CENTER	374084	1/1/99	12/31/99	1,216	14	1418	92103
SAN DIEGO REHABILITATION INSTITUTE	374063	1/1/99	12/31/99	1,152	14	1418	92120
SAN DIMAS COMMUNITY HOSPITAL	190673	1/1/99	12/31/99	4,143	11	0917	91773
SAN FRANCISCO GENERAL HOSP MED CTR	380939	1/1/99	12/31/99	20,161	04	0423	94110
SAN GABRIEL VALLEY MEDICAL CENTER	190200	1/1/99	12/31/99	11,361	11	0913	91776
SAN GORGONIO MEMORIAL HOSPITAL	331326	1/1/99	12/31/99	3,369	12	1107	92220
SAN JOAQUIN COMMUNITY HOSPITAL	150788	1/1/99	12/31/99	12,614	09	0617	93301
SAN JOAQUIN COUNTY MENTAL HEALTH - PHF	394003	1/2/99	12/31/99	1,312	06	0507	95202
SAN JOAQUIN GENERAL HOSPITAL	391010	1/1/99	12/31/99	9,599	06	0507	95231
SAN JOAQUIN VALLEY REHAB HOSPITAL	104023	1/1/99	12/31/99	1,020	09	0605	93720
SAN JOSE MEDICAL CENTER	430879	1/1/99	12/31/99	9,490	07	0431	95112
SAN LEANDRO HOSPITAL	013619	1/1/99	12/31/99	5,899	05	0421	94578
SAN LUIS OBISPO COUNTY MENTAL HEALTH	400512	1/1/99	12/31/99	897	08	0801	93408
SAN LUIS OBISPO GENERAL HOSPITAL	400511	1/2/99	12/31/99	1,355	08	0801	93408
SAN LUIS REY HOSPITAL	374045	1/1/99	12/21/99	1,207	14	1416	92024

**APPENDIX F**  
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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
SAN MATEO GENERAL HOSPITAL	410782	1/1/99	12/31/99	3,469	04	0427	94403
SAN PEDRO PENINSULA HOSPITAL	190680	1/1/99	12/31/99	7,615	11	0933	90732
SAN RAMON REGIONAL MEDICAL CENTER	074017	1/1/99	12/31/99	5,340	05	0411	94583
SAN VICENTE HOSPITAL	190681	1/7/99	12/30/99	187	11	0925	90036
SANGER GENERAL HOSPITAL	100791	1/1/99	12/31/99	1,386	09	0607	93657
SANTA ANA HOSPITAL MEDICAL CENTER	301314	1/1/99	12/31/99	5,912	13	1012	92706
SANTA BARBARA COTTAGE HOSPITAL	420514	1/1/99	12/31/99	19,378	10	0807	93105
SANTA BARBARA COUNTY - PHF	424002	1/1/99	12/30/99	512	10	0807	93110
SANTA CLARA VALLEY MEDICAL CENTER	430883	1/1/99	12/31/99	22,037	07	0431	95128
SANTA MARTA HOSPITAL	190685	1/1/99	12/31/99	4,517	11	0925	90022
SANTA MONICA - UCLA MEDICAL CENTER	190687	1/1/99	12/31/99	11,300	11	0927	90404
SANTA PAULA MEMORIAL HOSPITAL	560521	1/1/99	12/31/99	1,999	10	0809	93060
SANTA ROSA MEMORIAL - SOTOYOME	490907	1/1/99	12/31/99	2,330	03	0401	95405
SANTA ROSA MEMORIAL HOSPITAL	491064	1/1/99	12/31/99	13,485	03	0401	95402
SANTA TERESITA HOSPITAL	190691	1/1/99	12/31/99	2,857	11	0913	91010
SANTA YNEZ VALLEY COTTAGE HOSPITAL	420522	1/1/99	12/31/99	390	10	0805	93463
SCRIPPS GREEN HOSPITAL	371256	1/1/99	12/31/99	9,233	14	1416	92037
SCRIPPS HOSPITAL - EAST COUNTY	370697	1/1/99	12/31/99	3,708	14	1422	92021
SCRIPPS MEMORIAL HOSPITAL - CHULA VISTA	370658	1/1/99	12/31/99	9,066	14	1420	91910
SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	371394	1/1/99	12/31/99	7,647	14	1416	92024
SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	370771	1/1/99	12/31/99	17,867	14	1416	92037
SCRIPPS MERCY HOSPITAL	370744	1/1/99	12/31/99	23,381	14	1418	92103
SELMA DISTRICT HOSPITAL	100793	1/1/99	12/31/99	2,496	09	0607	93662
SEMPERVIRENS - PHF	124004	1/4/99	12/31/99	625	01	0105	95501
SENECA HOSPITAL	321016	1/1/99	12/31/99	409	01	0215	96020
SEQUOIA HOSPITAL	410891	1/1/99	12/31/99	11,128	04	0428	94062
SETON MEDICAL CENTER	410817	1/1/99	12/31/99	11,353	04	0425	94015
SETON MEDICAL CENTER - COASTSIDE	410828	1/1/99	12/30/99	114	04	0427	94038
SHARP CABRILLO HOSPITAL	370693	1/1/99	12/31/99	1,424	14	1418	92110
SHARP CHULA VISTA MEDICAL CENTER	370875	1/1/99	12/31/99	12,337	14	1420	92010
SHARP CORONADO HOSPITAL & HEALTHCARE CTR	370689	1/1/99	12/31/99	2,730	14	1420	92118
SHARP MARY BIRCH HOSPITAL FOR WOMEN	370695	1/1/99	12/31/99	14,828	14	1416	92123
SHARP MEMORIAL HOSPITAL	370694	1/1/99	12/31/99	15,576	14	1416	92123
SHARP VISTA PACIFICA	374049	1/3/99	12/31/99	227	14	1416	92111
SHASTA CO MENTAL HEALTH SVCS - PHF	451019	1/4/99	12/31/99	780	01	0209	96049
SHERMAN OAKS HOSPITAL & HEALTH CENTER	190708	1/1/99	12/31/99	3,990	11	0905	91403
SHRINERS HOSPITAL - LOS ANGELES	190712	1/1/99	12/31/99	1,669	11	0925	90020
SHRINERS HOSPITAL - NORTHERN CALIF	344114	1/1/99	12/31/99	1,252	02	0311	95817
SIERRA KINGS DISTRICT HOSPITAL	100797	1/1/99	12/31/99	2,627	09	0607	93654
SIERRA NEVADA MEMORIAL HOSPITAL	291023	1/1/99	12/31/99	7,079	02	0301	95945
SIERRA VALLEY DISTRICT HOSPITAL	461024	1/1/99	12/21/99	91	02	0300	96118
SIERRA VIEW DISTRICT HOSPITAL	540798	1/1/99	12/31/99	7,444	09	0613	93257
SIERRA VISTA HOSPITAL	342392	1/1/99	12/31/99	1,639	02	0311	95823
SIERRA VISTA REGIONAL MEDICAL CENTER	400524	1/1/99	12/31/99	7,498	08	0801	93401
SIMI VALLEY HOSP & HLTH SVCS - SYCAMORE	560525	1/1/99	12/31/99	8,411	10	0813	93065
SONOMA VALLEY HOSPITAL	491076	1/2/99	12/31/99	2,475	03	0403	95476
SONORA COMMUNITY HOSPITAL	551034	1/1/99	12/31/99	4,132	06	0513	95370
SOUTH COAST MEDICAL CENTER	301337	1/1/99	12/31/99	4,980	13	1017	92677
SOUTHERN INYO HOSPITAL	141338	1/2/99	12/31/99	104	12	1201	93545
SPECIALTY HOSPITAL OF SOUTHERN CAL	190449	1/1/99	12/31/99	1,424	11	0921	90637
ST. AGNES MEDICAL CENTER	100899	1/1/99	12/31/99	24,013	09	0605	93710

**APPENDIX F**  
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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
ST. BERNARDINE MEDICAL CENTER	361339	1/1/99	12/31/99	13,736	12	1209	92404
ST. DOMINIC'S HOSPITAL	394009	1/1/99	12/31/99	2,444	06	0507	95336
ST. ELIZABETH COMMUNITY HOSPITAL	521041	1/1/99	12/31/99	4,060	01	0211	96080
ST. FRANCIS MEDICAL CENTER	190754	1/1/99	12/31/99	22,570	11	0923	90262
ST. FRANCIS MEDICAL CTR-SANTA BARBARA	420528	1/1/99	12/31/99	3,446	10	0807	93103
ST. FRANCIS MEMORIAL HOSPITAL	380960	1/1/99	12/31/99	6,377	04	0423	94109
ST. HELENA HOSPITAL & HEALTH CENTER	281078	1/1/99	12/31/99	5,519	03	0407	94576
ST. JOHN'S HOSPITAL AND HEALTH CENTER	190756	1/1/99	12/31/99	13,946	11	0927	90404
ST. JOHN'S PLEASANT VALLEY HOSPITAL	560508	1/1/99	12/31/99	4,530	10	0811	93010
ST. JOHN'S REGIONAL MEDICAL CENTER	560529	1/1/99	12/31/99	14,299	10	0811	93030
ST. JOSEPH HOSPITAL - EUREKA	121080	1/1/99	12/31/99	5,318	01	0105	95501
ST. JOSEPH HOSPITAL - ORANGE	301340	1/1/99	12/31/99	29,877	13	1015	92868
ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	392232	1/1/99	12/30/99	1,223	06	0507	95204
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	391042	1/1/99	12/31/99	17,930	06	0507	95204
ST. JUDE MEDICAL CENTER	301342	1/1/99	12/31/99	19,944	13	1011	92635
ST. LOUISE HEALTH CENTER	434020	1/1/99	11/30/99	1,954	07	0433	95037
ST. LOUISE MEDICAL CENTER-GILROY CAMPUS	434016	1/1/99	10/1/99	2,975	07	0433	95020
ST. LOUISE REGIONAL HOSPITAL	434138	10/2/99	12/31/99	1,109	07	0433	95020
ST. LUKE MEDICAL CENTER	190759	1/1/99	12/31/99	5,794	11	0911	91109
ST. LUKE'S HOSPITAL	380964	1/1/99	12/31/99	8,207	04	0423	94110
ST. MARY MEDICAL CENTER	190053	1/1/99	12/31/99	13,962	11	0933	90813
ST. MARY REGIONAL MEDICAL CENTER	361343	1/1/99	12/31/99	11,124	12	1211	92307
ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	380965	1/1/99	12/31/99	10,121	04	0423	94117
ST. ROSE HOSPITAL	010967	1/1/99	12/31/99	8,613	05	0421	94545
ST. VINCENT MEDICAL CENTER	190762	1/1/99	12/31/99	9,689	11	0925	90057
STANFORD UNIVERSITY HOSPITAL	430905	1/1/99	12/31/99	21,447	07	0429	94305
STANISLAUS CO MENTAL HEALTH SERVICES	501016	1/1/99	12/31/99	2,928	06	0511	95350
STAR VIEW ADOLESCENT - PHF	194967	1/4/99	12/30/99	211	11	0931	90505
SUBURBAN MEDICAL CENTER	190599	1/1/99	12/31/99	9,298	11	0921	90723
SUMMIT MEDICAL CENTER	010937	1/1/99	12/31/99	22,952	05	0417	94609
SUN HEALTH ROBERT H BALLARD REHAB HSP	364121	1/5/99	12/31/99	580	12	1209	92411
SURPRISE VALLEY COMMUNITY HOSPITAL	250955	1/2/99	12/22/99	128	01	0201	96104
SUTTER AMADOR HOSPITAL	030786	1/1/99	12/31/99	3,047	06	0501	95642
SUTTER AUBURN FAITH HOSPITAL	310791	1/1/99	12/31/99	6,099	02	0308	95602
SUTTER CENTER FOR PSYCHIATRY	344017	1/1/99	12/31/99	2,304	02	0311	95826
SUTTER COAST HOSPITAL	084001	1/1/99	12/31/99	3,067	01	0101	95531
SUTTER DAVIS HOSPITAL	574010	1/1/99	12/31/99	3,740	02	0313	95616
SUTTER DELTA MEDICAL CENTER	070934	1/1/99	12/31/99	6,198	05	0411	94509
SUTTER GENERAL HOSPITAL	341051	1/1/99	12/31/99	12,423	02	0311	95816
SUTTER LAKESIDE HOSPITAL	171395	1/1/99	12/31/99	3,043	01	0115	95453
SUTTER MATERNITY & SURGERY CENTER	444012	1/1/99	12/31/99	2,607	08	0703	95065
SUTTER MEDICAL CENTER OF SANTA ROSA	490919	1/1/99	12/31/99	7,986	03	0401	95404
SUTTER MEMORIAL HOSPITAL	341052	1/1/99	12/31/99	19,572	02	0311	95819
SUTTER MERCED MEDICAL CENTER	240942	1/1/99	12/31/99	6,825	06	0515	95340
SUTTER ROSEVILLE MEDICAL CENTER	311000	1/1/99	12/31/99	12,473	02	0309	95661
SUTTER SOLANO MEDICAL CENTER	481094	1/1/99	12/31/99	5,426	03	0409	94590
SUTTER TRACY COMMUNITY HOSPITAL	391056	1/1/99	12/31/99	3,644	06	0509	95376
SUTTER-YUBA - PHF	514001	1/1/99	12/29/99	365	02	0227	95991
TAHOE FOREST HOSPITAL	291053	1/1/99	12/31/99	2,381	02	0302	96160
TARZANA TREATMENT CENTER	190782	1/1/99	12/31/99	1,847	11	0905	91356
TEHACHAPI HOSPITAL	150808	1/1/99	12/30/99	124	09	0623	93561

**APPENDIX F**  
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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
TELECARE SOLANO - PHF	484028	1/4/99	12/31/99	558	03	0408	94533
TEMPLE COMMUNITY HOSPITAL	190784	1/1/99	12/31/99	2,942	11	0925	90004
THE HEART HOSPITAL, INC.	334481	1/1/99	12/31/99	542	12	1105	92270
THUNDER ROAD CHEMICAL DEPNDY RCVRY HOSP	010782	1/1/99	12/31/99	300	05	0417	94609
TOM REDGATE MEMORIAL RECOVERY CENTER	191225	1/1/99	12/31/99	1,003	11	0933	90813
TORRANCE MEMORIAL MEDICAL CENTER	190422	1/1/99	12/31/99	26,595	11	0931	90509
TRI-CITY MEDICAL CENTER	370780	1/1/99	12/31/99	20,520	14	1414	92056
TRI-CITY REGIONAL MEDICAL CENTER	190159	1/1/99	12/31/99	2,102	11	0921	90716
TRINITY GENERAL HOSPITAL	531059	1/1/99	12/31/99	812	01	0207	96093
TULARE DISTRICT HOSPITAL	540816	1/1/99	12/31/99	5,528	09	0611	93274
TUOLUMNE GENERAL HOSPITAL	551061	1/1/99	12/31/99	1,928	06	0513	95370
TUSTIN HOSPITAL MEDICAL CENTER	301357	1/1/99	12/31/99	1,241	13	1015	92680
TUSTIN REHABILITATION HOSPITAL	304079	1/2/99	12/30/99	837	13	1015	92680
TWIN CITIES COMMUNITY HOSPITAL	400548	1/1/99	12/31/99	4,768	08	0801	93465
UCLA MEDICAL CENTER	190796	1/1/99	12/31/99	28,961	11	0927	90024
UCLA NEUROPSYCHIATRIC HOSPITAL	190930	1/1/99	12/31/99	2,489	11	0927	90024
UCSD/LA JOLLA - THORNTON HOSPITAL	374141	1/1/99	12/31/99	4,628	14	1416	92037
UCSF/MT ZION	380895	1/1/99	12/21/99	6,432	04	0423	94115
UKIAH VALLEY MEDICAL CENTER-HOSPITAL DR	231396	1/1/99	12/31/99	4,736	01	0113	95482
UNIVERSITY MEDICAL CENTER	100822	1/1/99	12/31/99	12,068	09	0605	93702
UNIVERSITY OF CALIF-SAN DIEGO MED CTR	370782	1/1/99	12/31/99	18,447	14	1418	92103
UNIVERSITY OF CALIFORNIA DAVIS MED CTR	341006	1/1/99	12/31/99	26,143	02	0311	95817
UNIVERSITY OF CALIFORNIA IRVINE MED CTR	301279	1/1/99	12/31/99	16,753	13	1015	92668
USC KENNETH NORRIS JR. CANCER HOSPITAL	191216	1/1/99	12/31/99	2,346	11	0925	90033
USC UNIVERSITY HOSPITAL	194219	1/1/99	12/31/99	7,504	11	0925	90033
VACA VALLEY HOSPITAL	484001	1/1/99	12/31/99	1,958	03	0408	95688
VALLEY CHILDREN'S HSP & GUIDANCE CLINIC	204019	1/1/99	12/31/99	9,193	09	0601	93638
VALLEY MEMORIAL HOSPITAL	010983	1/1/99	12/31/99	8,306	05	0419	94550
VALLEY PLAZA DOCTORS HOSPITAL	332172	1/22/99	12/31/99	326	12	1109	92370
VALLEY PRESBYTERIAN HOSPITAL	190812	1/1/99	12/31/99	14,676	11	0905	91405
VAN NUYS HOSPITAL	190816	1/1/99	12/31/99	911	11	0905	91405
VENCOR HOSPITAL - BREA	301127	1/5/99	12/31/99	286	13	1011	92621
VENCOR HOSPITAL - LOS ANGELES	190305	1/6/99	12/30/99	492	11	0929	90056
VENCOR HOSPITAL - ONTARIO	361274	1/2/99	12/31/99	504	12	1207	91764
VENCOR HOSPITAL - ORANGE COUNTY	301380	1/2/99	12/31/99	509	13	1014	92683
VENCOR HOSPITAL - SACRAMENTO	344035	1/1/99	12/31/99	249	02	0309	95630
VENCOR HOSPITAL - SAN DIEGO	370721	1/1/99	12/31/99	546	14	1418	92104
VENCOR HOSPITAL - SAN LEANDRO	010887	1/1/99	12/31/99	429	05	0421	94577
VENTURA COUNTY MEDICAL CENTER	560481	1/1/99	12/31/99	9,574	10	0809	93003
VERDUGO HILLS HOSPITAL	190818	1/1/99	12/31/99	6,365	11	0937	91209
VICTOR VALLEY COMMUNITY HOSPITAL	361370	1/1/99	12/31/99	8,345	12	1211	92392
VILLA VIEW COMMUNITY HOSPITAL	370787	1/1/99	12/31/99	2,058	14	1418	92105
VISTA DEL MAR HOSPITAL	560203	1/1/99	12/31/99	2,088	10	0809	93001
WALNUT CREEK HOSPITAL	071101	1/1/99	12/31/99	1,512	05	0411	94598
WARRACK MEDICAL CENTER HOSPITAL	491103	1/1/99	12/31/99	1,901	03	0401	95405
WASHINGTON HOSPITAL - FREMONT	010987	1/1/99	12/31/99	16,266	05	0421	94538
WATSONVILLE COMMUNITY HOSITAL (NEW)	444013	1/1/99	12/31/99	6,755	08	0711	95076
WEST ANAHEIM MEDICAL CENTER	301379	1/1/99	12/31/99	8,458	13	1012	92804
WEST HILLS HOSPITAL & MEDICAL CENTER	190859	1/1/99	12/31/99	9,563	11	0905	91307
WESTERN MEDICAL CENTER-ANAHEIM	301188	1/1/99	12/31/99	7,731	13	1012	92805
WESTERN MEDICAL CENTER-SANTA ANA	301566	1/1/99	12/31/99	13,412	13	1015	92705

**APPENDIX F**  
**CALIFORNIA PATIENT DISCHARGE DATA**  
**HOSPITAL LIST**  
Full Calendar Year, 1999

<b>FACILITY NAME</b>	<b>FACILITY NUMBER</b>	<b>FIRST DISCH</b>	<b>LAST DISCH</b>	<b>NUMBER DISCHS</b>	<b>HSA</b>	<b>HFPA</b>	<b>ZIP Code</b>
WHITE MEMORIAL MEDICAL CENTER	190878	1/1/99	12/31/99	16,443	11	0925	90033
WHITTIER HOSPITAL MEDICAL CENTER	190883	1/1/99	12/31/99	12,981	11	0919	90605
WOODLAND MEMORIAL HOSPITAL	571086	1/1/99	12/31/99	5,010	02	0313	95695



## APPENDIX G

PATIENT DISCHARGE DATA PROGRAM  
SUPPLEMENTAL REPORTING PAGE  
*For use with discharges on 1/1/99 and after*

## 10. PRINCIPAL DIAGNOSIS

CODE

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## 10a. PRESENT AT

ADMISSION

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Y = Yes

N = No

U = Uncertain

## 12. PRINCIPAL PROCEDURE

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## 11. OTHER DIAGNOSES

## 11a. PRESENT AT

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## 13. OTHER PROCEDURES

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Year (4 - Digit)

**APPENDIX H**  
**CONSOLIDATED HOSPITAL LICENSES**

OSHDP  
Revised 2/8/00

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFP #	Consol. Date	Unconsol. Date	Comments Field
001 001	19 01	Alta Bates Hospital - Ashby Alta Bates Hospital at Albany	Alta Bates Hospital Albany Hospital	010739 013636	Berkeley Berkeley	0415 0415	7/12/84 7/12/84	12/1/86 12/1/86	
002 002	19 01	Cedars Sinai Medical Center Beverly Hills Hospital		190555 N/A	Los Angeles Los Angeles	0925 0927	10/5/84 10/5/84	12/31/86 12/31/86	Per L&C, "Satellite became a parking lot prior to, or around consolidation date."
003 003	19 01	Lakewood Rgnl Med Ctr - South St. Lakewood Rgnl Med Ctr - Clark Ave.	Drs. Hospital of Lakewood Lakewood General Hospital	190240 190453	Lakewood Lakewood	0933 0933	9/14/84 9/14/84		Suspense - 2/29/96
004 004	19 01	Kaiser Foundation Hosp - Bellflower Kaiser Foundation Hosp - Norwalk	Kaiser Foundation Hospital Kaiser Foundation Hospital	190430 190428	Bellflower Norwalk	0921 0921	5/17/84 5/17/84		
005 005	19 01	Kaiser Foundation Hosp - San Diego Kaiser Foundation Hosp - El Cajon	Kaiser Foundation Hospital Kaiser Foundation Hospital	370730 370716	San Diego El Cajon	1416 1422	4/9/84 4/9/84		
006 006	19 01	Memorial Hosp Med Center - Modesto Memorial Hospital Med Center - Ceres	Memorial Hospital - Modesto Memorial Hospital - Ceres	500939 500938	Modesto Ceres	0511 0511	9/1/84 9/1/84	5/1/95 5/1/95	De-Licensed 5/1/95.
007 007	19 01	Mission Bay Memorial Hospital AMI Mission Bay Mem Hosp - Montezu	AMI Mission Bay Memorial Hosp College Park Hospital	370746 370683	San Diego San Diego	1416 1418	8/1/84 8/1/84	7/1/86 7/1/86	De-Lcnsd 7/11/86; Re-Lcnsd as CDRH 2/26/88
008 008	19 01	O'Connor Hospital O'Connor Hospital at Campbell		430837 431722	San Jose Campbell	0431 0431	8/15/84 8/15/84	1/31/92 1/31/92	De-Licensed 1/31/92.
009 009	19 01	Merritt Hospital Samuel Merritt Hospital - North	Samuel Merritt Hospital Calif Surg Ctr & Women's Hospital	010937 010782	Oakland Oakland	0417 0417	7/1/84 7/1/84	1/4/87 1/4/87	Re-Licensed as Thunder Road CDR 1/5/87.
010 010	19 01	Santa Rosa Memorial Hospital - Montg Santa Rosa Memorial Hospital - A St.	Santa Rosa Memorial Hospital Santa Rosa General Hospital	491064 491012	Santa Rosa Santa Rosa	0401 0401	7/20/84 7/20/84	6/30/87 6/30/87	
011 011 011	19 01 02	Sonora Community Hospital - Forest Sonora Comm Hospital - Fairview Sonora Community Hospital	Sonora Hospital Sierra Hospital Sonora Convalescent Hospital	551034 552209 551035	Sonora Sonora Sonora	0513 0513 0513	8/1/84 8/1/84 12/16/86		Formerly Par/Sat # 39 until 6/25/93. LTC converted to parent D.P. 6/25/93.
012 012	19 01	Tri-City Hospital Tri-City Hospital - West		370780 370753	Oceanview Oceanview	1414 1414	8/1/84 8/1/84	8/1/93 8/1/93	De-Licensed 8/1/93.
013 013	19 01	Kaiser Found Hospital - Harbor City Kaiser Found Hospital - Carson	Kaiser Foundation Hospital Kaiser Foundation Hospital	190431 190135	Harbor City Carson	0933 0933	3/4/85 3/4/85		
014 014	19 01	Presbyterian Hosp of Pacific Med Ctr Garden Sullivan Hosp of Pac Med Ctr	"Mills Mem" (Church of St...) Hosp Garden Sullivan Hospital	380929 382684	San Francisco San Francisco	0423 0423	6/23/85 6/23/85	6/16/94 6/16/94	Re-consolidated as consol. # 076. Re-consolidated as consol. # 076.
015 015	19 01	Channel Islands Comm Hosp - Hobson Channel Islands Comm Hosp - Ventura	Oxnard Community Hospital Channel Islands Horizon Hospital	560502 560838	Oxnard Oxnard	0811 0811	6/1/85 6/1/85	1/13/89 1/13/89	
016 016	19 01	Kaiser Foundation Hospital - Sunset Kaiser Foundation Hosp - Inglewood	Kaiser Foundation Hospital Kaiser Foundation Hospital	190429 190433	Los Angeles Inglewood	0925 0925	4/19/84 4/19/84	5/14/91 5/14/91	
017 017	19 01	Glendale Advent Med Ctr - Wilson Terr. Glendale Adventist Med Ctr - Chevy Ch	Glendale Adventist Medical Center Glendale Community Hospital	190323 190326	Glendale Glendale	0909 0909	6/6/85 6/6/85	5/31/90 5/31/90	
018 018	19 01	Beverly Hills Medical Center Beverly Hills Medical Center - Pico	Los Angeles New Hospital Beverly Glen Hospital	190488 190078	Los Angeles Los Angeles	0927 0927	1/1/85 1/1/85	3/26/90 3/26/90	De-Licensed 3/26/90.

Par/Sat #    Parent Locations:        Satellite Locations:  
(Codes):    19 - Acute Consol, Only        Sequentially Numbered; 01 - 09  
              29 - LTC Consol, Only  
              39 - Acute and LTC Consol

**APPENDIX H**  
**CONSOLIDATED HOSPITAL LICENSES**

OSHPD  
Revised 2/8/00

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFA #	Consol. Date	Unconsol. Date	Comments Field
019 019	19 01	San Mateo General Hospital Crystal Springs Rehabilitation Center	Harold D. Chope Community Hosp	410782 410752	San Mateo San Mateo	0427 0427	1/7/86 1/7/86		
020 020	19 01	Santa Barbara Cottage Hospital Santa Barbara Cottage Care Center	Pinecrest Hospital	420514 420506	Santa Barbara Santa Barbara	0807 0807	4/8/86 4/8/86		
021 021	19 01	Antelope Valley Hosp Med Ctr - West Antelope Valley Hosp M.C. - Palmdale	Antelope Valley District Hospital Not Available	190034 Pending	Los Angeles Los Angeles	0901 0901	11/24/86 11/24/86		Possibly via CON & never occurred.
022 022	19 01	Community Hosp Monterey Peninsula Community Hosp Recovery Center	Community Hosp of the Mont Pen Recovery Center Mont Peninsula	270744 271118	Monterey Monterey	0707 0707	1/1/87 1/1/87	12/1/93 12/1/93	De-Licensed 12/1/93.
023 023	29 01	Sutter General Hospital Sutter Oaks Nursing Ctr - Midtown	Park Sutter Convalescent Hospital	341051 341119	Sacramento Sacramento	0311 0311	11/1/86 11/1/86	3/1/96 3/1/96	Re-consolidated as consol. # 115. 3/1/96 = Sutter Oaks Nrsng Ctr-Midtown.
024 024	19 01	Simi Valley Hosp & Health Care Svcs Simi Val Hosp Inc DBA Mountain View	Simi Valley Adventist Hospital Simi Valley Community Hosp Inc.	560525 560526	Simi Valley Simi Valley	0813 0813	2/16/87 2/16/87		
025 025	29 01	Children's Hospital - San Diego Children's Convalescent Hospital		370673 370777	San Diego San Diego	1416 1416	12/1/86 12/1/86		
026 026	19 01	Nu-Med Rgnl Med Ctr - West Valley Nu-Med Rgnl Med Ctr - Valley Park	West Park Hospital Valley Park Medical Center	190860 190605	Canoga Park Canoga Park	0905 0905	7/22/86 7/22/86	1/26/89 1/26/89	
027 027	19 01	Riverside Community Hosp Med Ctr Riverside Comm Hosp Knollwood Ctr	Knollwood Community Hospital	331312 331226	Riverside Riverside	1111 1111	12/1/86 12/1/86	12/18/92 12/18/92	
028 028	19 01	Doctors Medical Center Modesto City Hospital	Doctors Hospital of Modesto	500852 500954	Modesto Modesto	0511 0511	2/1/87 2/1/87	11/18/92 11/18/92	Re-consolidated as consol. # 069.
029 029	29 01	San Diego Co. Psychiatric Hospital Edgemoor Geriatric Hospital	San Diego Co. Hillcrest Mntl Hlth	374055 370696	San Diego Santee	1418 1422	3/30/88 3/30/88		Replaced SD Co Hillcrest M. H. 7/25/89.
030 030 030	19	Sharp Memorial Hospital Sharp Knollwood Sharp Cabrillo Hospital	Donald N. Sharp Memorial Comm Knollwood West Conv. Hospital Cabrillo Med Ctr & Doctors Hosp	370694 370733 370693	San Diego San Diego San Diego	1416 1416 1418	2/5/87 2/5/87 2/1/96	8/20/87	Formerly Par/Sat # 39 until 3/11/87 when LTC converted to parent D.P. Effective 3/27/98, 150 psych beds from Mesa Vista added as D.P. Psych
031 031	29 01	Oak Valley District Hospital Oak Valley Care Center	Oakdale Convalescent Hospital	500967 501352	Oakdale Oakdale	0511 0511	7/31/87 7/31/87	7/1/93 7/1/93	LTC converted to parent D.P. 7/1/93.
032 032	29 01	Mercy General Hospital Mercycare	Mercy Hospital of Sacramento Hillhaven Convalescent Hospital	340947 340901	Sacramento Sacramento	0311 0311	10/4/87 10/4/87	4/1/94 4/1/94	
033 033	29 01	Little Company of Mary Hospital Little Company of Mary Pavilion		190470 190702	Torrance Torrance	0931 0931	3/17/87 3/17/87	4/1/94 4/1/94	
034 034	29 01	Corona Community Hospital Corona Community Care Center		331152 330223	Corona Corona	1111 1111	12/8/87 12/8/87	10/27/92 10/27/92	CHON; 10/27/92 Life Care Ctr of Corona.
035 035	29 01	Kaiser Foundation Hospital - Fontana Kaiser Foundation Hospital - SNF	Kaiser Foundation Hospital	361223 N/A	Fontana Fontana	1209 1209	10/28/79 10/28/79	date unknown	Unconsolidated; date unknown.
036 036	29 01	Providence St. Joseph Medical Center Esther Parisean Pavilion - Rehab Care	St. Joseph Medical Center Medical Plaza Extended Care Fac	190758 190519	Burbank Burbank	0907 0907	9/4/81 9/4/81	date unknown	Sat. clsd (earthquake); parent GAC beds converted to SNF on par. license 9/19/94.

Par/Sat #    Parent Locations:        Satellite Locations:  
(Codes):    19 - Acute Consol, Only      Sequentially Numbered; 01 - 09  
              29 - LTC Consol, Only  
              39 - Acute and LTC Consol

**APPENDIX H**  
**CONSOLIDATED HOSPITAL LICENSES**

OSHDP  
Revised 2/8/00

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HSPA #	Consol. Date	Unconsol. Date	Comments Field
037	29	San Pedro Peninsula Hospital	San Pedro & Peninsula Hospital	190680	San Pedro	0933	11/15/82	12/1/93	
037	01	Peninsula Hospital	Harbor Crest Pavilion	190362	San Pedro	0933	11/15/82	12/1/93	Date of unconsolidation approximate.
038	29	Long Beach Memorial Medical Center	Mem Hosp Med Ctr of Long Beach	190525	Long Beach	0933	12/31/82	8/23/84	
038	01	Coastview Convalescent Hospital		190701	Long Beach	0933	12/31/82	8/23/84	LTC converted to parent D.P. 8/23/84.
039	29	Emanuel Medical Center		500867	Turlock	0516	7/25/83	2/22/93	
039	01	Brandel Manor		500806	Turlock	0516	7/25/83	2/22/93	LTC converted to parent D.P. 2/22/93.
040	29	Ojai Valley Community Hospital		560501	Ojai	0809	12/13/83	6/30/93	
040	01	Ojai Manor Convalescent Hospital		560500	Ojai	0809	12/13/83	6/30/93	Date of unconsolidation approximate.
041	19	Lompoc District Hospital		420491	Lompoc	0805	5/9/85	6/25/85	
041	01	Lompoc Hospital Dist Conv Care Ctr		420552	Lompoc	0805	5/9/85	6/25/85	LTC converted to parent D.P. 6/25/85.
042	29	Hazel Hawkins Memorial Hospital		350784	Hollister	0701	6/27/85		
042	01	Hazel Hawkins Convalescent Hospital		350783	Hollister	0701	6/27/85		
043	29	Palomar Medical Center		370755	Escondido	1412	11/22/85		
043	01	Palomar Continuing Care Center	Parkway Terrace ICF	371696	Escondido	1412	11/22/85		
044	29	Santa Clara Valley Medical Center		430883	San Jose	0431	2/12/86	6/23/86	
044	01	East Valley Pavilion	El Dorado Guidance Center	431533	San Jose	0431	2/12/86	6/23/86	LTC converted to parent D.P. 6/23/86.
045	19	Ukiah Valley Medical Center - Hospital	Ukiah Adventist Hospital	231396	Ukiah	0113	8/8/88		
045	01	Ukiah Valley Medical Center - Dora St.	Ukiah General Hospital	231339	Ukiah	0113	8/8/88		
046	19	California Campus Hospital	Children's Hosp of San Francisco	380777	San Francisco	0423	6/9/88	6/16/94	Re-consolidated as consol. # 076
046	01	California Campus Hospital	Marshal Hale Memorial Hospital	380826	San Francisco	0423	6/9/88	6/16/94	Re-consolidated as consol. # 076
047	29	Los Medanos Community Hospital		073638	Pittsburg	0411	11/1/88	4/28/94	De-Licensed 4/28/94.
047	01	Regency Hills Convalescent Hospital		074002	Pittsburg	0411	11/1/88	4/28/94	
048	19	Kaiser Foundation Hospital - Geary	Kaiser Foundation Hospital	380857	San Francisco	0423	6/30/89		
048	01	Kaiser Foundation Hospital - French	French Hospital	380816	San Francisco	0423	6/30/89		
049	19	Summit Medical Ctr - North Pavilion	Samuel Merritt Hospital	010937	Oakland	0417	9/1/89		
049	01	Summit Medical Ctr - South Pavilion	Peralta Hospital	010919	Oakland	0417	9/1/89		
050	19	Alta Bates Medical Center - Ashby	Alta Bates Hospital	010739	Berkeley	0415	10/1/89		
050	01	Alta Bates Medical Center - Herrick	Herrick Hospital & Health Center	010844	Berkeley	0415	10/1/89		
051	19	Dominican Santa Cruz Hosp - Soquel		440755	Santa Cruz	0703	3/8/90		
051	01	Domin. Santa Cruz Hosp - Frederick	Community Hosp of Santa Cruz	441807	Santa Cruz	0703	3/8/90		
052	19	Good Samaritan of Santa Clara Valley		430779	San Jose	0431	4/26/90		
052	01	Good Sam of S. C. Val - Mission Oaks	Mission Oaks Hospital	430915	Los Gatos	0431	4/26/90		
052	02	Good Samaritan Hosp Chem Dep Rec	Bowling Green Chem Dep Institute	431899	Campbell	0431	11/10/92		
053	19	AMI Tarzana Regional Medical Center		190517	Tarzana	0905	10/31/89	Late '90	
053	01	Rancho Encino Hospital	Medical Center of Encino	190862	Encino	0905	10/31/89	Late '90	De-Licensed late 1990.
054	19	Santa Ana Hospital Medical Center		301314	Santa Ana	1012	6/19/90	8/26/96	
054	01	Doctors Hospital of Santa Ana		301167	Santa Ana	1012	6/19/90	8/26/96	

Par/Sat #    Parent Locations:        Satellite Locations:  
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                 29 - LTC Consol, Only  
                 39 - Acute and LTC Consol

**APPENDIX H**  
**CONSOLIDATED HOSPITAL LICENSES**

OSHDP  
Revised 2/8/00

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HSPA #	Consol. Date	Unconsol. Date	Comments Field
055	29	Modoc Medical Center		250956	Alturas	0201	6/28/90	6/28/90	
055	01	Care West - Warner Mtn Nursing Ctr.		252219	Alturas	0201	6/28/90	6/28/90	Error - were never consolidated.
056	19	Lodi Memorial Hospital		390923	Lodi	0505	9/5/90		
056	01	Lodi Memorial Hospital - West	Doctor's Hospital of Lodi	390922	Lodi	0505	9/5/90		
057	19	Doctors Hospital of Montclair		361166	Montclair	1207	5/31/90	8/1/94	
057	01	Doctors Hosp of Montclair - Ontario	Ontario Community Hospital	361274	Ontario	1207	5/31/90	8/1/94	
058	19	Bay Harbor Hospital		190057	Harbor City	0933	2/1/91		
058	02	Bay Harbor Hospital West	Bay Harbor Rehabilitation Center	190788	Torrance	0931	2/1/91		
059	19	Comm & Miss Hosp of Huntington Park	Community Hosp of Huntington Pk.	190197	Huntington Park	0923	8/30/91		
059	01	Mission Hospital of Huntington Park	Mission Hospital	190538	Huntington Park	0923	8/30/91		
060	19	Alvarado Parkway Institute	Alvarado Community Hosp - East	370749	La Mesa	1422	9/12/91	9/12/91	Sold to Charter 6/30/94.
060	01	Alvarado Pkwy Inst Child & Adoles.		374048	San Diego	1418	9/12/91	9/12/91	Error - were never consolidated.
061	19	Valley Memorial Hospital - Livermore		010983	Livermore	0419	12/9/91		
061	01	Valleycare Medical Center		014050	Pleasanton	0419	12/9/91		
062	19	Orange Co. Comm Hosp - Buena Park	Buena Park Community Hospital	301242	Buena Park	1013	11/6/91		
062	01	Orange Co. Comm Hospital - Orange	Care Unit Hospital of Orange	301121	Orange	1015	11/6/91	1/28/97	Site Unconsolidated & Closed
062	02	Bellwood General Hospital		190069	Bellflower	0921	6/17/96		Became Satellite # 01 on 1/28/97
063	19	Hollywood Comm Hosp of Hollywood	Hollywood Community Hospital	190380	Hollywood	0925	1/1/92		
063	01	Hollywood Comm Hosp of Van Nuys	Van Nuys Community Hospital	190814	Van Nuys	0905	1/1/92		
064	29	Brookside Hospital		070904	San Pablo	0413	6/1/92	6/1/95	
064	01	Brookside Care Center	Creekside Care Center	070932	San Pablo	0413	6/1/92	6/1/95	LTC converted to parent D.P. 6/1/95.
065	19	Mercy San Juan Hospital		340950	Carmichael	0309	5/31/92		
065	01	Mercy American River Hospital	American River Hospital	340869	Carmichael	0309	5/31/92		
066	29	Eden Medical Center	Eden Hospital Medical Center	010805	Castro Valley	0421	4/15/91	9/1/93	
066	01	Baywood Court Dist Part of Eden Hosp	Baywood Court Conv Hospital	N/A	Castro Valley	0421	4/15/91	9/1/93	Date of unconsolidation approximate.
067	19	Corona Regional Medical Center	Corona Community Hospital	331145	Corona	1111	10/27/92		
067	01	Corona Regional Medical Center	Circle City Hospital	331152	Corona	1111	10/27/92		Effective 10/27/94 parent and satellite switched. Satellite 01 was former parent.
067	02	Corona Regional Medical Center	Corona Comm - So. Hills Pavilion	330223	Corona	1111	10/27/92	7/15/93	Became Life Care Ctr of Corona 7/15/93.
068	19	Medical Ctr at the Univ of Ca San Fran.		381154	San Francisco	0423	9/14/92	11/197	
068	01	Langley Porter Psychiatric Institute		380868	San Francisco	0423	9/14/92	11/197	
069	19	Doctors Medical Center	Doctors Hospital of Modesto	500852	Modesto	0511	5/28/93	4/29/94	Earlier consolidation, see consol. # 028.
069	01	Modesto Psychiatric Center		504001	Modesto	0511	5/28/93	4/29/94	Re-consolidated as consol. # 075.
070	19	Fountain Valley Reg Hosp MC - Euclid	Fountain Valley Community Hosp	301175	Fountain Valley	1014	5/25/93		
070	01	Fountain Valley Reg Hosp MC - Warner	Charter Hosp of Fountain Valley	304039	Fountain Valley	1014	5/25/93		
071	19	Alameda Co. MC - Highland Campus	Highland General Hospital	010846	Oakland	0417	7/1/93		
071	01	Alameda Co. MC - Fairmont Campus	Fairmont Hospital	010811	San Leandro	0421	7/1/93		

Par/Sat #    Parent Locations:        Satellite Locations:  
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              39 - Acute and LTC Consol

**APPENDIX H**  
**CONSOLIDATED HOSPITAL LICENSES**

OSHPD  
Revised 2/8/00

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFA #	Consol. Date	Unconsol. Date	Comments Field
072	19	UCSD/San Diego Univ Medical Ctr	University of California Medical Ctr	370782	San Diego	1418	7/20/93		
072	01	UCSD/La Jolla Thornton Hospital		374141	La Jolla	1416	7/20/93		New facility.
073	19	Downey Community Hospital		190243	Downey	0921	6/30/93		
073	01	Rio Hondo Hospital		190651	Downey	0921	6/30/93		
074	19	Loma Linda University Medical Center		361246	Loma Linda	1209	1/1/94		
074	01	Loma Linda University Comm Med Ctr	Loma Linda Community Hospital	361245	Loma Linda	1209	1/1/94		
075	19	Stanislaus Medical Center	Scenic General Hospital	501015	Modesto	0511	4/30/94		
075	01	Stanislaus Behavioral Health Center	Modesto Psychiatric Center	504001	Modesto	0511	4/30/94		Earlier consolidation, see consol. # 069.
076	19	Calif Pacific Med Ctr - Pacific Campus	Pacific Presbyterian	380929	San Francisco	0423	6/16/94	9/21/96	Earlier consolidation, see consol. # 014.
076	0	Calif Pacific Med Ctr - Garden Campus	Garden Sullivan (Garden Campus)	382684	San Francisco	0423	6/16/94		Earlier consol., see consol. # 014. Closed 9/21/96
076	01	Calif Pacific Med Ctr - West Campus	Marshall Hale (Sacto Campus)	380826	San Francisco	0423	6/16/94		Earlier consolidation, see consol. # 046.
076	02	Calif Pacific Med Ctr - East Campus	Children's Hosp. of S. F. (Calif. Campus)	380777	San Francisco	0423	6/16/94		Earlier consolidation, see consol. # 046.
076	03	Calif Pacific Med Ctr - Davies Campus	Ralph K. Davies Medical Center	380933	San Francisco	0423	7/30/98		
077	29	Fallbrook Hospital District		370705	Fallbrook	1414	9/1/94		
077	01	Fallbrook Hospital District SNF	Fallbrook Convalescent Hospital	370704	Fallbrook	1414	9/1/94		
078	19	Los Angeles Community Hospital		190198	Los Angeles	0925	8/1/94		
078	01	Los Angeles Comm Hosp of Norwalk	Norwalk Community Hospital	190570	Norwalk	0921	8/1/94		
079	19	Mission Comm Hosp - Panorama		190524	Panorama City	0905	6/22/94		
079	01	Mission Comm Hosp - San Fernando	San Fernando Community Hospital	190676	San Fernando	0903	6/22/94		
080	19	Kaiser Foundation Hospital - Sunset		190429	Los Angeles	0925	7/27/94		
080	01	Kaiser Found Hosp Mental Health Ctr	Resthaven Psychiatric Hospital	190646	Los Angeles	0925	7/27/94		
081	19	North Coast Rehab Center - Sotoyome	North Coast Rehabilitation Center	490907	Santa Rosa	0401	9/20/94		
081	01	North Coast Rehab Center - Fulton	No. Coast Rehab Ctr Acute Psych	494048	Santa Rosa	0401	9/20/94		
082	19	USC University Hospital		194219	Los Angeles	0925	2/24/94		Error - Changed incorrect consolidation date of 8/30/95 to 2/24/94.
082	01	USC University Hospital - Norfolk	Estelle Doheny Eye Hospital	191389	Los Angeles	0925	2/24/94		
095	19	Kaweah Delta District Hospital		540734	Visalia	0611	2/1/96		
095	01	Visalia Community Hospital		540827	Visalia	0611	2/1/96		
101	19	Kaiser Foundation Hospital - Oakland	Kaiser Foundation Hospital	010856	Oakland	0417	9/7/95		
101	01	Kaiser Foundation Hospital - Richmond	Kaiser Foundation Hospital	070991	Richmond	0413	9/7/95		
115	19	Sutter General Hospital		341051	Sacramento	0311	3/1/96		Earlier consolidation, see consol. # 023.
115	01	Sutter Memorial Hospital		341052	Sacramento	0311	3/1/96		
142	19	Anaheim General Hospital		301097	Anaheim	1012	6/12/96		
142	01	Buena Park Medical Center		301109	Buena Park	1011	6/12/96		
161	19	Kaiser Found Hosp - Walnut Creek	Kaiser Foundation Hospital	070990	Walnut Creek	0411	7/1/96		
161	01	Kaiser Found Hosp - Martinez	Kaiser Foundation Hospital	071010	Martinez	0411	7/1/96		
164	19	Kaiser Found Hosp - Sacto (Morse)	Kaiser Foundation Hosp - Sacto	340913	Sacramento	0311	7/24/96		
164	01	Kaiser Found Hosp - Valley Med Ctr	Kaiser Foundatn Hosp - Roseville	314024	Roseville	0309	7/24/96		

Par/Sat #    Parent Locations:       Satellite Locations:  
(Codes):    19 - Acute Consol, Only      Sequentially Numbered; 01 - 09  
                 29 - LTC Consol, Only  
                 39 - Acute and LTC Consol

**APPENDIX H**  
**CONSOLIDATED HOSPITAL LICENSES**

OSHDP  
Revised 2/8/00

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HSPA #	Consol. Date	Unconsol. Date	Comments Field
176	19	Bakersfield Memorial Hosp - 34th St	Bakersfield Memorial Hospital	150722	Bakersfield	0617	11/1/97		
176	01	Bakersfield Memorial Hosp - White Ln	Memorial Center	154044	Bakersfield	0617	11/1/97		
179	19	Specialty Hosp of So Calif - La Mirada	Medical Center of La Mirada	190449	La Mirada	0921	10/7/97		
179	01	Specialty Hosp of So Calif - Orange Co	Doctor's Hospital of Santa Ana	301167	Santa Ana	1012	10/7/97		
179	02	Specialty Hosp of So Cal-San Gabriel Valley	Covina Valley Community Hospital	190458	West Covina	0915	10/7/97		
181	19	Fremont Medical Center	Fremont Hospital	510882	Yuba City	0227	6/1/98		
181	01	Femont Hospital & Behavioral Center	None - New facility on 6/1/98	514020	Yuba City	0227	6/1/98		
182	19	Enloe Medical Center - Esplanade Campus	N.T. Enloe Memorial Hospital	040962	Chico	0219	6/30/98		
182	01	Enloe Medical Center - Cohasset Campus	Chico Community Hospital	040828	Chico	0219	6/30/98		
182	02	Enloe Rehabilitation Center	Chico Community Rehabilitation Hospital	044011	Chico	0219	6/30/98		
186	19	Los Robles Regional Med Center	Columbia Los Robles Hosp/Med Center	560492	Thousand Oaks	0813	12/16/97		
186	01	Los Robles Regional Med Center - East	Charter BHS - Thousand Oaks	564018	Thousand Oaks	0813	12/16/97		
194	19	Fresno Community Hosp & Med Center	Fresno Community Hospital	100717	Fresno	0605	4/15/99		
194	01	University Medical Center	Valley Medical Center of Fresno	100822	Fesno	0605	4/15/99		
195	19	Saint Louise Regional Hospital	St. Louise Medical Center	434020	Morgan Hill	0433	09/30/99		
195	01	St. Louise Regional Hosp (Gilroy Campus)	South Valley Medical Center	434016	Gilroy	0433	09/30/99		
196	19	Anaheim Memorial Medical Center		301098	Anaheim	1012	09/01/99		
196	01	Anaheim Memorial Medical Center-West	Martin Luther Hospital	301761	Anaheim	1012	09/01/99		
197	19	Medical Center of the U.C.S.F.		381154	San Francisco	0423	12/24/99		
197	01	U.C.S.F./Mt. Zion		380895	San Francisco	0423	12/24/99		
198	19	Santa Rose Memorial Hospital		491064	Santa Rosa	0401	02/01/00		
198	01	North Coast Care Centers		490907	Santa Rosa	0401	02/01/00		See previous consolidation #081
199	19	City of Angels Medical Ctr-Downtown	City of Angels Medical Center	190661	Los Angeles	0925	03/01/00		
199	01	City of Angels Medical Ctr-Ingleside	Ingleside Hospital	190410	Rosemead	0913	03/01/00		
200	19	San Pedro Peninsula Hospital		190680	San Pedro	0933	01/14/00		
200	01	San Pedro Peninsula Hosp-Harbor City	Bay Harbor Hospital	190057	Harbor City	0933	01/14/00		
201	19	L A Metropolitan Medical Center		190854	Los Angeles	0925	07/31/97		Not previously done in LFS prior to 4/19/00
201	01	L A Metropolitan Med Ctr Hawthorne Cam	Hawthorne Hospital	190523	Hawthorne	0929	07/31/97		
206	19	Alvarado Hospital Medical Center		370652	San Diego	1418	06/01/00		
206	01	Alvarado Hospital Medical Center/SDRI	San Diego Rehabilitation Institute	374063	San Diego	1418	06/01/00		
210	19	Eden Medical Center		010805	Castro Valley	0421	01/15/00		
210	01	Laurel Grove Hospital		010869	Castro Valley	0421	01/15/00		
211	19	Mills Peninsula Medical Center	Peninsula Hospital Med Center	410852	San Mateo	0427	11/19/96		Not previously in LFS
211	01	Mills Memorial Hospital		410742	San mateo	0427	11/19/96		Not previously in LFS

Par/Sat #    Parent Locations:        Satellite Locations:  
(Codes):    19 - Acute Consol, Only        Sequentially Numbered; 01 - 09  
              29 - LTC Consol, Only  
              39 - Acute and LTC Consol

# APPENDIX I

Public 1999 Patient Discharge Data on CD-ROM  
Comma Delimited Fields

Field Label	Field Name	Recommended/ <b>Required</b> (in- bold) Field Format	Maximum Characters
OSHPD_ID	Hospital Identification Number (2 digit county, 4 digit unique)	Text	6
TYP_CARE	Type of Care (formerly Level of Care)	Text	1
AGE_YRS	Age in Years	Numeric	3
AGECAT20	Age Categories 20	Text	2
AGECAT5	Age Categories 5	Text	1
SEX	Sex	Text	1
ETHNCTY	Ethnicity	Text	1
RACE	Race	Text	1
PATZIP	Patient Zip Code	Text	5
PATCNTY	County of Patient's Residence	Text	2
LOS	Length of Stay	Numeric	5
ADM_QTR	Admission Quarter	Text	1
ADM_YR	Admission Year	Text	4
ADM_SRC	Source of Admission	Text	3
ADM_TYPE	Type of Admission	Text	1
DISP	Disposition of Patient	Text	2
DNR	Prehospital Care and Resuscitation (DNR)	Text	1
PAY_CAT	Expected Payer Source - Category	Text	2
PAY_TYPE	Expected Payer Source - Type of Coverage	Text	1
PAY_PLAN	Expected Payer Source - Payment Plan Code	Text	4
CHARGE	Total Charges	Numeric	7
ECODE_P	Principal E-Code - External Cause of Injury	<b>Text</b>	5
ECODE1	Other E-Code #1 - External Cause of Injury	<b>Text</b>	5
ECODE2	Other E-Code #2 - External Cause of Injury	<b>Text</b>	5
ECODE3	Other E-Code #3 - External Cause of Injury	<b>Text</b>	5
ECODE4	Other E-Code #4 - External Cause of Injury	<b>Text</b>	5
MDC	MDC (HCFA Major Diagnostic Category)	Text	2
DRG	DRG (HCFA Diagnosis Related Group)	Text	3
DIAG_P	Principal Diagnosis	<b>Text</b>	5
CPOA_P	Condition Present at Admission for Principal Diagnosis	Text	1
PROC_P	Principal Procedure	<b>Text</b>	4
PROC_PDY	Days From Admission to Principal Procedure	Numeric	4
ODIAG1 TO ODIAG24	Other Diagnosis #1 through #24	<b>Text</b>	5
CPOA1 TO CPOA24	Condition Present at Admission for Other Diagnosis #1 through #24	Text	1
OPROC1 TO OPROC20	Other Procedure #1 through #20	<b>Text</b>	4
PROCDY1 TO PROCDY 20	Days From Admission to Other Procedure #1 through #20	Numeric	4

**APPENDIX J**  
Masked Field Frequencies - 1999

Data Element Value	Full file	Public file	# Masked by code	% Masked
<b>Sex</b>				
* (Masked)	0	<b>676,822</b>		
1 - Male	1,541,598	1,219,661	321,937	20.9
2 - Female	2,233,919	1,879,213	354,706	15.9
3 - Other	58	6	52	89.7
4 - Unknown	136	9	127	93.4
0 - Invalid	0	0	0	-
Total	3,775,711	3,775,711	<b>676,822</b>	17.9
<b>Ethnicity</b>				
* (Masked)	0	<b>1,092,398</b>		
1 - Hispanic	985,101	699,511	285,590	29.0
2 - Non-Hispanic	2,709,361	1,956,179	753,182	27.8
3 - Unknown	81,249	27,623	53,626	66.0
0 - Invalid	0	0	0	-
Total	3,775,711	3,775,711	<b>1,092,398</b>	28.9
<b>Race</b>				
* (Masked)	0	<b>947,863</b>		
1 - White	2,792,395	2,223,363	569,032	20.4
2 - Black	327,259	207,571	119,688	36.6
3- Native Am	14,964	4,377	10,587	70.7
4 - Asian	258,169	151,890	106,279	41.2
5 - Other	330,561	221,383	109,178	33.0
6 - Unknown	52,363	19,264	33,099	63.2
0 - Invalid	0	0	0	-
Total	3,775,711	3,775,711	<b>947,863</b>	25.1
<b>Patient County</b>				
* (Masked)	0	<b>1,462</b>		
CE	4,408	3,894	514	11.7
NE	4,013	3,517	496	12.4
NW	7,307	6,855	452	6.2
All others	3,759,983	3,759,983	0	0.0
Total	3,775,711	3,775,711	<b>1,462</b>	0.0
<b>Admit Quarter</b>				
* (Masked)	0	<b>129,130</b>		
1	965,031	934,657	30,374	3.1
2	924,397	894,365	30,032	3.2
3	938,212	907,318	30,894	3.3
4	948,071	910,241	37,830	4.0
Total	3,775,711	3,775,711	<b>129,130</b>	3.4
<b>Agecat5</b>				
* (Masked)	0	<b>256,832</b>		
1	585,412	556,306	29,106	5.0
2	213,790	185,745	28,045	13.1
3	703,508	650,026	53,482	7.6
4	1,064,977	981,808	83,169	7.8
5	1,208,024	1,144,994	63,030	5.2
Total	3,775,711	3,775,711	<b>256,832</b>	6.8

Data Element Value	Full file	Public file	# Masked by code	% Masked
<b>Age in Years at Admisssion</b>				
Blank (Masked)	0	<b>1,682,689</b>		
0	585,412	481,056	104,356	17.8
1	26,055	10,958	15,097	57.9
2	15,328	5,266	10,062	65.6
3	11,636	3,499	8,137	69.9
4	10,032	2,829	7,203	71.8
5	9,256	2,549	6,707	72.5
6	8,490	2,149	6,341	74.7
7	8,053	2,036	6,017	74.7
8	7,835	1,970	5,865	74.9
9	8,131	2,108	6,023	74.1
10	7,916	2,008	5,908	74.6
11	7,976	1,975	6,001	75.2
12	8,640	1,982	6,658	77.1
13	10,456	2,878	7,578	72.5
14	12,607	3,429	9,178	72.8
15	15,515	4,270	11,245	72.5
16	20,794	6,946	13,848	66.6
17	25,070	9,490	15,580	62.1
18	29,530	12,992	16,538	56.0
19	34,931	16,703	18,228	52.2
20	36,403	17,712	18,691	51.3
21	37,242	18,312	18,930	50.8
22	38,228	18,717	19,511	51.0
23	38,581	18,987	19,594	50.8
24	39,634	19,421	20,213	51.0
25	39,975	19,403	20,572	51.5
26	42,132	20,319	21,813	51.8
27	43,770	20,894	22,876	52.3
28	46,521	22,365	24,156	51.9
29	48,285	23,303	24,982	51.7
30	47,744	22,678	25,066	52.5
31	45,772	21,405	24,367	53.2
32	45,835	21,100	24,735	54.0
33	44,156	19,610	24,546	55.6
34	44,769	19,734	25,035	55.9
35	44,266	19,143	25,123	56.8
36	43,470	18,452	25,018	57.6
37	41,662	17,034	24,628	59.1
38	40,286	16,067	24,219	60.1
39	38,387	15,132	23,255	60.6
40	37,462	14,303	23,159	61.8
41	36,437	14,044	22,393	61.5
42	35,834	13,746	22,088	61.6
43	34,604	13,370	21,234	61.4
44	34,940	13,348	21,592	61.8
45	34,996	13,823	21,173	60.5
46	34,564	13,392	21,172	61.3
47	34,327	13,521	20,806	60.6
48	34,336	13,421	20,915	60.9
49	33,849	13,097	20,752	61.3
50	34,888	13,831	21,057	60.4
51	35,446	14,449	20,997	59.2
52	37,335	15,658	21,677	58.1
53	31,621	12,633	18,988	60.0
54	31,291	12,355	18,936	60.5
55	32,968	13,573	19,395	58.8
56	34,845	14,925	19,920	57.2
57	32,740	13,797	18,943	57.9
58	32,212	13,701	18,511	57.5
59	32,621	13,873	18,748	57.5
60	32,510	14,048	18,462	56.8
61	33,558	14,767	18,791	56.0
62	33,680	14,933	18,747	55.7

**APPENDIX J**  
Masked Field Frequencies - 1999

Data Element Value	Full file	Public file	# Masked by code	% Masked
<b>Agecat20</b>				
* (Masked)	0	<b>498,274</b>		
01	585,412	556,306	29,106	5.0
02	63,051	51,332	11,719	18.6
03	41,765	30,606	11,159	26.7
04	47,595	33,438	14,157	29.7
05	125,840	94,490	31,350	24.9
06	190,088	164,742	25,346	13.3
07	220,683	192,439	28,244	12.8
08	228,276	197,152	31,124	13.6
09	208,071	174,668	33,403	16.1
10	179,277	145,782	33,495	18.7
11	172,072	139,455	32,617	19.0
12	170,581	138,730	31,851	18.7
13	165,386	135,690	29,696	18.0
14	169,590	141,490	28,100	16.6
15	208,409	179,481	28,928	13.9
16	250,929	222,213	28,716	11.4
17	276,177	249,109	27,068	9.8
18	225,576	203,458	22,118	9.8
19	246,933	226,856	20,077	8.1
Total	3,775,711	3,775,711	<b>498,274</b>	13.2

Data Element Value	Full file	Public file	# Masked by code	% Masked
63	34,169	15,383	18,786	55.0
64	35,673	16,538	19,135	53.6
65	38,750	18,702	20,048	51.7
66	39,575	19,568	20,007	50.6
67	40,859	20,733	20,126	49.3
68	43,627	23,066	20,561	47.1
69	45,598	24,472	21,126	46.3
70	45,938	25,307	20,631	44.9
71	48,461	27,586	20,875	43.1
72	49,854	28,713	21,141	42.4
73	51,862	30,503	21,359	41.2
74	54,814	33,322	21,492	39.2
75	54,643	33,623	21,020	38.5
76	56,094	35,206	20,888	37.2
77	56,562	35,896	20,666	36.5
78	55,565	35,127	20,438	36.8
79	53,313	34,281	19,032	35.7
80	48,450	30,841	17,609	36.3
81	47,651	30,455	17,196	36.1
82	44,391	28,505	15,886	35.8
83	42,870	27,747	15,123	35.3
84	42,214	27,511	14,703	34.8
85+	246,933	204,448	42,485	17.8
Total	3,775,711	3,775,711	<b>1,682,689</b>	48.3